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.
<table>
<thead>
<tr>
<th>No</th>
<th>Agenda Items</th>
<th>Time</th>
<th>Lead</th>
<th>Summary Meeting Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CALL TO ORDER</td>
<td></td>
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<td>• September meeting minutes approved.</td>
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<td></td>
<td>- Welcome/Introductions and Attendance</td>
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<td></td>
<td>- Approve September Minutes</td>
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<td></td>
<td>- Welcome New Member: Dawn Williams, DOC, Substance Abuse Recovery Administrator</td>
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<td>9:45</td>
<td>Josh Wallace and Susan Kydd</td>
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</table>
| 2. | Section Update: Adult Behavioral Health                                       | 10:00| Kara Panek & Matt Gower             | • 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                         | • Please review power point.  
• Michelle Martinez – crsa committee member                                                                                                                                                                           |
| 4. | Council Member Roundtable / Updates                                           | 11:20| All                                 | • 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/](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                      | • CYBHWG Recommendations –  
  o Create guidance for educational service districts and school districts who are interested in contracting with MCO’s to provide services to students.  
    ▪ 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  
  o Evaluating if there would be a need to establish an 1115 waiver program for BH services.                                                                                                               |
<table>
<thead>
<tr>
<th><strong>Behavioral Health Advisory Council</strong></th>
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<tbody>
<tr>
<td><strong>September 1st, 2021 – 9:45 am – 2:30 pm</strong></td>
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<tr>
<td><strong>Microsoft Teams</strong></td>
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<td><strong>o Work around CCBHC’s – is this a viable option for statewide services.</strong></td>
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<td><strong>o Do a gap analysis of currently existing services in the transitional age.</strong></td>
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<td><strong>o Share DP and workgroup info</strong></td>
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|  | • Goal of DBHR is to continue to support the entire continuum.
Behavioral Health Advisory Council

<table>
<thead>
<tr>
<th>Action Item Recap</th>
<th>2:00 – 2:30</th>
<th>All</th>
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<tbody>
<tr>
<td>January Agenda Items</td>
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<td>Adjourn</td>
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- DBHR needs to continue on with the housing piece of RSS now that Melodie has moved onto a new position.

- January Meeting topics
  - Legislature: Josh to help identify a legislature
  - Tribal office of affairs: Lucy Mendoza to present 1/5/22
  - Peer Review: BHAC’s executive review.

  Following up on interaction with CERSA committee
  Getting results of fidelity review from Adult BH.
  MH service provider on the council – follow up with Richelle.
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

Matthew Gower
Adult and Involuntary Services
Section
DBHR
Matthew.gower2@hca.wa.gov
Tel: 360-725-9556
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

**Nov. 2021**
Committee will convene, establish charter, and project timeline for developing the Substance Use Recovery Services Plan.

**1 Dec. 2021**
Preliminary report regarding progress toward the substance use recovery services plan.

**1 Dec. 2022**
The authority must submit the final substance use recovery services plan to the governor and the legislature.

**1 Dec. 2023**
After submitting the plan, the authority shall adopt rules and enter into contracts with providers to implement the plan.
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.

**September – October 2021**
HCA reviewed Point in Time surveys, which indicated King, Pierce, Snohomish, Spokane, and Thurston Counties had disproportionate need for homeless services.

**October – November 2021**
The BHASOs submitted their plans, which were reviewed by HCA. Feedback and plan revisions requested.

**January 2022**
Funding available in BHASO contracts, TA Contract executed, program implementation begins.
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.

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

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

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

September

November - December 2021
Clubhouse-Peer Run Organizations Funding Timeline

November 2021
Request for Applications and/or Qualifications will be published

December 2021
Submitted applications will be reviewed, scored, and apparently successful bidders notified

January 2022
Expansion of Clubhouse/Peer-Run organizations through contracts with successful applicants
## Community Behavioral Health System Funding

<table>
<thead>
<tr>
<th>Project</th>
<th>State fiscal year ’22 (General-state fund)</th>
<th>State fiscal year ’23 (General-state fund)</th>
<th>Funding Allocation</th>
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<tr>
<td>Recovery Navigator program</td>
<td>$25 million</td>
<td>$20 million</td>
<td>BHASOs</td>
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<tr>
<td>HOST</td>
<td>$5 million</td>
<td>$7.5 million</td>
<td>BHASOs</td>
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<tr>
<td>MOUD in jail</td>
<td>$2.5 million</td>
<td>$2.5 million</td>
<td>Solicitation</td>
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<tr>
<td>Clubhouse service expansion</td>
<td>$1.6 million</td>
<td>$3.1 million</td>
<td>Solicitation</td>
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<tr>
<td>Short term housing vouchers</td>
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<td>$.5 million</td>
<td>Existing Housing Contracts</td>
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<tr>
<td>SUD family navigator grant</td>
<td>$.5 million</td>
<td>$.5 million</td>
<td>Solicitation</td>
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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
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