

## Behavioral Health Advisory Council Meeting Minutes – January 6, 2021

Attendees:			
<input type="checkbox"/>	Ahney King	<input type="checkbox"/>	Keri Waterland
<input type="checkbox"/>	Beth Dannhardt	<input checked="" type="checkbox"/>	Kimberly Conner
<input type="checkbox"/>	Brian Briggs (remove)	<input type="checkbox"/>	Kristina Sawyckj
<input checked="" type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>	Lateish De Lay
<input type="checkbox"/>	Dennis Swennumson	<input checked="" type="checkbox"/>	Marica Mongrain-Finkas
<input type="checkbox"/>	Dixie Grunenfelder	<input checked="" type="checkbox"/>	Mari Huesman
<input checked="" type="checkbox"/>	Haley Tibbits	<input type="checkbox"/>	Maria Nunez (Out Sick)
<input checked="" type="checkbox"/>	Jeff Spring	<input checked="" type="checkbox"/>	Mary O'Brian
<input checked="" type="checkbox"/>	Jenni Olmstead	<input type="checkbox"/>	Melodie Pazolt
<input type="checkbox"/>	Jimy Chorath	<input type="checkbox"/>	Michael Langer
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Michael Reading
<input type="checkbox"/>	Jorden Rosa	<input checked="" type="checkbox"/>	Nelson Rascon
<input checked="" type="checkbox"/>	Josh Wallace	<input type="checkbox"/>	Pamala Sacks-Lawler
<input checked="" type="checkbox"/>	Karen Huber	<input checked="" type="checkbox"/>	Paul Neilson
<input checked="" type="checkbox"/>	Katie Murkovich	<input checked="" type="checkbox"/>	Payton Bordley
<input type="checkbox"/>	Kelly Boston	<input checked="" type="checkbox"/>	Richelle Madigan
<input type="checkbox"/>	<b>Facilitator:</b> Tori McDermott Hale	<input type="checkbox"/>	<b>Guest:</b>
<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>
<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>
		<input type="checkbox"/>	Ruth Leonard
		<input type="checkbox"/>	Sandra Mena-Tyree
		<input checked="" type="checkbox"/>	Sharon McKellery
		<input type="checkbox"/>	Shelby M Satko
		<input type="checkbox"/>	Shelli Young
		<input type="checkbox"/>	Steve Kutz
		<input checked="" type="checkbox"/>	Stu Parker
		<input checked="" type="checkbox"/>	Susan Kydd
		<input type="checkbox"/>	Taku Mineshita
		<input checked="" type="checkbox"/>	Tana Russell
		<input checked="" type="checkbox"/>	Vanessa Lewis
		<input checked="" type="checkbox"/>	Janet Cornell
		<input checked="" type="checkbox"/>	Louise Nieto
		<input checked="" type="checkbox"/>	Wendy Skara
		<input checked="" type="checkbox"/>	Ryan Keith
		<input checked="" type="checkbox"/>	Kris Shera
		<input type="checkbox"/>	
		<input type="checkbox"/>	<b>Minutes:</b> Tori McDermott Hale
		<input type="checkbox"/>	<b>Guest:</b>

**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	Summary Meeting Notes
1.	<b>CALL TO ORDER</b> - Welcome/Introductions and Attendance	
2.	<b>Approval of Minutes</b>	** Unable to do this due to lack of quorum.
3.	<b>Decision Packages Legislative Training</b>	<ul style="list-style-type: none"> <li>Decision package items and budgeting process was presented. Refer to HCA Budget Training handout for details –</li> <li>Legislative process was presented Refer to Leg Review handout for more details.</li> </ul>
4.	<b>Decision Package - Discuss and Determine BHAC process</b>	<ul style="list-style-type: none"> <li>Council discussed a process for ensuring DBHR gets any Council recommendations for inclusion in a timely way. It was decided that a standard agenda item will be discussion of items for consideration in both Decision Packages and FBG</li> <li>Also timing for final, more formal recommendations is now included in Yearly BHAC Meeting Calendar.</li> <li></li> </ul>
5.	<b>FBG Yearly Update</b>	<ul style="list-style-type: none"> <li>Refer to the BG Yearly Update handout</li> <li>FBG projects and their status were discussed.</li> </ul>
6.	<b>2021-2022 State Opioid Response Plan</b>	<ul style="list-style-type: none"> <li>Refer to the meeting Handouts.</li> <li>The final plan has not been completed for distribution yet, however Kris went over some new data and requested recommendations from BHAC for consideration in the plan. Several ideas were discussed.</li> </ul>
7.	<b>Break</b>	
8.	<b>FBG Review and Recommend Strategy</b>	<ul style="list-style-type: none"> <li>BHAC is to review the Federal Block Grant information that Janet Cornell sends out.</li> <li>BHAC will send all suggestions for changes to the priorities to Susan Kydd by February 19<sup>th</sup>.</li> <li>BHAC will review and approve the suggestions during the March BHAC meeting and return the Suggestions to HCA.</li> <li>A brief discussion of FBG ideas will be included on the Agenda for each Council meeting going forward</li> <li>Timing of recommendations to DBHR is now included in Yearly BHAC Meeting Calendar</li> </ul>
9.	<b>Director with Direct Reports Update on Legislative Approach</b>	<ul style="list-style-type: none"> <li>Michael Langer's Update:</li> <li>DBHR got approval for the Mental Health IMD waiver from CMS. This allows us to draw down more federal money on the Mental Health side for agencies that are over 16 beds.</li> <li>We are now able to print the Opioid Response Plan (Currently in the works)</li> <li>Bill 2642 passed last year; started implementation on January 1<sup>st</sup> individuals going into withdrawal management will not have pre-op.</li> <li>Those going into residential care will have no pre-op for at least 48 hrs.</li> </ul>

## Behavioral Health Advisory Council

	<ul style="list-style-type: none"><li>• As individuals move between modalities of care – managed care companies are compelled to continue to pay for the services where an individual is at until the step-down or next-level care is available.</li><li>• HCA is having bi-weekly meetings to ensure the implementation rolls out well.</li><li>• In the new Federal Budget there will be more money for treatment for mental health through the emergency grant HCA has had for several months.</li><li>• Both Mental Health and Substance Use Disorder block grants are being promised additional one-time funding that HCA will have 2 years to spend down.</li><li>• DBHR is working with the BHASO's to determine how they will work with providers to spend the money. HCA has been asking for flexibility on spending but has not been given official restrictions yet.</li><li>• David Reed's Update – Adult Behavioral Health:</li><li>• The Department of Commerce put out a report to the legislature and listed all of the capital investments that were procured the last biannual budget with the intention of increasing capacity for treatment</li><li>• There are quite a number of direct appropriations for an ENT.</li><li>• Spokane got a direct appropriation for crisis stabilization</li><li>• Crisis stabilization for first responders for law enforcement and to be able to take people to a crisis stabilization.</li><li>• A lot of investments in long-term care for individuals with mental health issues, as well as difficulties with adult daily living skills that may be in enhanced services facilities.</li><li>• A new facility type created by the governor's plan – Behavior Intensive Facilities. Created for those in more intensive longer-term residential facilities.</li><li>• Awards to created peer respites – Recovery is working closely with commerce on those entities that got capital funding to create peer respites.</li><li>• Fire arms compliance team is seeing record numbers of people that are applying for firearm permits.</li><li>• Starting January 1<sup>st</sup> SB 5720 moved involuntary treatment act evaluation from 72 hrs to 5 days</li><li>• Melodie Pazolt's Update – Recovery Support Services:</li><li>• Implementation of true blood projects. 7 projects in total; try to help people that are in jail waiting for evaluation or for in-patient competency restoration. Trying to create more community capacity.</li><li>• Trying to divert people from going to jail in the first place by enhancing mobile crisis stabilization services.</li><li>• Doing targeted outreach and engagement to individuals with history of intersecting with the court system.</li><li>• Foundational Community Support – Supportive housing and supported employment benefit which is a part of the 115 Medicaid Waiver. The waiver is set to expire 12/31/2021 so the state is asking the legislature and federal centers for Medicaid and Medicare for a one-year extension because of COVID.</li><li>• Trying to begin providing supportive housing services within settings larger than 16 beds (that are considered IMDs) to provide supportive housing services prior to being discharged from an IMD.</li><li>• Recovery Café's have been very innovative with COVID.</li><li>• Jenn Hogge's Update – Prevention:</li></ul>
--	---

## Behavioral Health Advisory Council

	<ul style="list-style-type: none"><li>• Preventions focus is on preventing substance use disorders and mental health promotion and suicide prevention.</li><li>• CPWI (Community Prevention and Wellness Initiative) – We build community coalitions through the state where they then implement evidence based practices based on their own strategic plan and community needs. The purpose is to address risk and protective factors in their community to help reduce substance use, increase mental wellness and decrease suicide.</li><li>• CBO (Community Based Organizations) – Allow for community organizations that may not be a part of a coalition but need to provide director services to receive funding for DBHR.</li><li>• Recently received a COVID-specific grant in partnership with DHI providing a digital application to individuals who have experienced a suicidal crisis in either an emergency department or an in-patient unit.</li><li>• Included in the grant is peer navigators who contacts them and helps them follow through with their treatment and connects them with community services.</li><li>• Continuing to work with the tries to improve their ability to improve their ability to address substance use in their communities as well as have funding for them to do mental health promotion.</li><li>• We have different campaigns addressing underage drinking. This summer DBHR ran a substance use disorder and wellness campaign focused on increasing protective factors specifically when dealing with COVID.</li><li>• Diana Cockrell – Children Youth and Family:</li><li>• Moved into a section that just has children, youth and families. Currently in the process of organizing by lifespan so they can build their ability to be more responsive to developmental stages. Currently covering prenatal through 25.</li><li>• Lifespan areas that CYF are trying to build: prenatal through 5, school age and transitional age.</li><li>• Current projects are looking at best practice for evaluation in early childhood mental health</li><li>• Currently in the middle of developing two IOP partial hospitalization pilots, one at Seattle Children’s and one in Spokane Providence.</li><li>• Family Youth System Partner Round Table (FYSPRT) – have a regional and state-wide connection to children, youth behavioral health work group for areas in regions that are identified as gaps or need things that can’t get worked out in their region.</li><li>• Expanding to make sure that each region has a first episode psychosis intervention program and that the sites are available based on population and community needs.</li><li>• Sandra Mena-Tyree’s Update – Diversity, Equity and Inclusion Advisory Team:</li><li>• The team did a SWOT to identify what the division is doing well, where we can do better and what are those future opportunities that are available that we can implement DEI.</li><li>• Looking at creating a strategic plan from the SWOT information. They are looking to identify things that could be done immediately, what will take a year or two and the ones that are going to take a longer time.</li><li>• Currently the focus is on our divisional hiring protocol and the advancement of diversity and equity in our workforce.</li><li>• Some of the things they are currently looking at is the application process, how we recruit, how interviewing is done and the questions around diversity</li></ul>
--	--

## Behavioral Health Advisory Council

		and equity and inclusion of those in the interview process. Once hired they will be on boarded to help them understand the whole value of DBHR and how we feel about diversity and equity.
10.	<b>BHAC Peer Review Summary</b>	<ul style="list-style-type: none"> <li>• Not completed yet due to two of the five reviewers being unable to participate</li> <li>• Will be completed for next meeting</li> <li>• Because of COVID the response rate was pretty low, which was expected.</li> <li>• There will be recommendations to update the process with questionnaires better tailored to the services being reviewed instead of one standard set of questions. Currently its tailored only to clinical treatment settings whereas Peer organizations, Crisis Services, Recovery housing etc. are not relevant to most questions.</li> <li>•</li> </ul>
11.	<b>Action Item Recap          March Agenda Items          AJOURN</b>	<ul style="list-style-type: none"> <li>• Federal Block Grant and Decision Package Recommendations</li> <li>• Opioid Response Plan Recommendations</li> <li>• Peer Review Presentation</li> <li>• Section Updates</li> <li>• BHAC Yearly Calendar</li> <li>• Directors Update</li> </ul>

DRAFT



# HCA Budget Process

Financial Services Division  
January 4, 2021

# State Budget Cycle

May / June  
HCA Develops DP's

September  
Biennial and/or Supplemental  
DP's due to OFM

Aug-Dec  
Governor's Budget  
Development (OFM)

December  
Governor's Budget  
released

Jan-April  
Legislative Session  
House / Senate Propose  
Budgets

April-July  
Regular Session  
Governor Signs  
Budget



## Decision Package flow

- Starts with a concept paper
- Concept papers goes to budget for review and fiscal impact
- Coordinating Team (CT) decides which concepts move forward
- Programs write the DP's
- DP's go to budget for review and fiscal impact
- CT makes final decision on DP's moving forward
- Budget submits DP's to OFM



## Different types of Decision Packages

### Maintenance Level (ML)

Cost have increased or changed for current operations from our carried forward level funding

### Policy Level (PL)

Change in Policy that has a fiscal impact  
Start a new program

## Governor's Budget

- Review for DP inclusion
- Governor's Priorities
- HCA Funded Items

## Legislative Session.

- Bill introduction and Fiscal Notes
- Partner with Legislatures and Legislative Staff
- House and Senate Budgets
- Conference Budget

# Questions?

**ASK!**

Mike Paquette, FSD Budget Section  
Manager

[mike.paquette@hca.wa.gov](mailto:mike.paquette@hca.wa.gov)

(360) 725-0875

# HCA Legislative Overview

---

Shawn O'Neill

# How a bill becomes a law

---

- ▶ A bill may be introduced in either the Senate or House of Representatives by a member.
- ▶ It is referred to a committee for a hearing. The committee studies the bill and may hold public hearings on it. It can then pass, reject, or take no action on the bill.
- ▶ The committee report on the passed bill is read in open session of the House or Senate, and the bill is then referred to the Rules Committee.

# How a bill becomes a law, cont.

---

- ▶ The Rules Committee can either place the bill on the second reading calendar for debate before the entire body, or take no action.
- ▶ At the second reading, a bill is subject to debate and amendment before being placed on the third reading calendar for final passage.
- ▶ After passing one house, the bill goes through the same procedure in the other house.

# How a bill becomes a law, cont.

---

- ▶ If amendments are made in the other house, the first house must approve the changes.
- ▶ When the bill is accepted in both houses, it is signed by the respective leaders and sent to the governor.
- ▶ The governor signs the bill into law or may veto all or part of it. If the governor fails to act on the bill, it may become law without a signature.



# Agency Priorities, 2021

---

## ▶ ERB Dual Enrollment Clarification

- ▶ Clarifies that those eligible for both PEBB and SEBB must choose one program
- ▶ Estimated savings of approx. \$500,000/yr

# Agency Priorities, 2021

---

- ▶ Year 6 Extension for the Medicaid Transformation Project (Budget)
- ▶ Protect programs (Budget)
- ▶ Continue to communicate the value of managed care
  
- ▶ Clarify performance incentives
- ▶ Assist with Governor priorities

# Questions?

Shawn O'Neill

360.742.2871