July 7th, 2021 –9:30 am – 3:15 pm
Microsoft Teams

Behavioral Health Advisory Council

Attendees:					
☒	Ahney King	☐	Keri Waterland	☒	Ruth Leonard
☐	Beth Dannhardt	☐	Kimberly Conner	☐	Sandra Mena-Tyree
☐	Brian Briggs	☐	~~Kristina Sawyckyj~~	☐	Sharon McKellery
☐	Carolyn Cox	☐	Lateish De Lay	☐	Shelby M Satko
☐	~~Dennis Swennumson~~	☐	Maricia Mongrain-Finkas	☐	Shelli Young
☐	Dixie Grunenfelder	☐	Mari Huesman	☐	Steve Kutz
☒	Haley Tibbits	☐	Maria Nunez	☐	Stu Parker
☐	Jeff Spring	☒	Mary O'Brian	☐	Susan Kydd
☒	Jenni Olmstead	☐	Melodie Pazolt	☐	Taku Mineshita
☐	Jimsy Chorath	☐	Michael Langer	☒	Tana Russell
☐	John Tuttle	☐	Michael Reading	☒	Vanessa Lewis
☐	~~Jorden Rosa~~	☐	Nelson Rascon	☒	Janet Cornell
☒	Josh Wallace	☒	Pamala Sacks-Lawler	☒	Louise Neito
☒	Julirae Castleton	☐	Paul Neilson	☐	
☐	Karen Huber	☐	Payton Bordley	☐	
☒	Katie Murkovich	☒	Richard Brown	☐	
☐	Kelly Boston	☒	Richelle Madigan	☐	
☐	**Facilitator**: Tori McDermott Hale	☐	**Guest:**	☐	
☐	**Guest:** Senator Judy Warnick	☐	**Guest:**	☐	**Minutes:** Tori McDermott Hale
☐	**Guest:**	☐	**Guest:**	☐	**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	Lead	Summary Meeting Notes
1.	**CALL TO ORDER** - **Welcome and attendance** - **Introduction of new members** - **Approval of May Minutes**	Josh Wallace	• Meeting started at 9:35 am. • May minutes were approved by Quorum
2.	**Section Update: Adult SUD**	Edward Michael	• Please review the Adult SUD presentation.
3.	**FY 22-23 Block Grant Application**	Janet Cornell	• Priorities below – Janet Cornell reviewed the Block Grant Priorities with BHAC. • A member of BHAC, asked clarifying questions about the number of individuals served through the supportive housing work. Janet shared the FCS Admin Reports with the members after the meeting. • A request to send additional Application recommendations to Janet Cornell was made at the end of the presentation. **Planning Tables - DRAFT** **Table 1 Priority Areas and Annual Performance Indicators** *Priority #: 1* **Priority Area:** Reduce Underage and Young Adult Substance Use/Misuse **Priority Type:** SAP **Population(s):** PP, Other (Adolescents w/SUD and/or MH, Rural, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities) **Goal of the priority area:** Decrease the use and misuse of alcohol, marijuana, tobacco, opioids or other prescription drugs, and the use of any other drugs in the last 30 days.

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			Objective: • Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2023: 18%). • Prevent the increase in the percentage of 10th graders who report using marijuana in the last 30 days (HYS 2018: 17.9%, Target 2023: 15.3%). • Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.6%, Target 2023: 9.2%; HYS 2018 Tobacco – vape: 21.2%, Target 2023: 11.4%). • Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 6.8%, Target 2023: 4.0%). • Decrease the percentage of young adults who report using marijuana (HYS 2018: 48.5%; Target 2023: 43.7%) • Decrease the percentage of young adults who report using alcohol in the last 30 days (HYS 2018: 61.1%; Target 2023: 55%) **Strategies to attain the objective:** • Implement performance-based contracting with each prevention contractor. • Adapt programs to address the unique needs of each tribe. • Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans. • Deliver direct prevention services (All CSAP Strategies). • Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental). • Provide statewide Workforce Development Training to build capacity for service delivery. • Develop best practices strategies to target underserved populations such as Black, Indigenous, and People of Color and Tribal groups. **Annual Performance Indicators to Measure Goal Success** **Indicator #:** 1 **Indicator:** Reduce substance use/misuse **Baseline Measurement:** 13,592 unduplicated direct services provided during SFY 2020 (July 1, 2019 – June 30, 2020) **First-year target/outcome measurement:** Maintain or increase number of prevention programs and participants

			compared to the SFY20 baseline (July 1, 2019 – June 30, 2020) of 13,592 unduplicated direct services **Second-year target/outcome measurement:** Maintain or increased number of prevention programs and participants compared to the SFY20 baseline (July 1, 2019 – June 30, 2020) of 13,592 unduplicated direct services **Data Source:** Washington's Management Information Service (SUD Prevention and MH Promotion Online Reporting System): used to report SABG performance indicators. Washington State Healthy Youth Survey (HYS): used to report 30 day use biannually. Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse. Minerva **Description of Data:** SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes. **Data issues/caveats that affect outcome measures:** Data integrity is negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. *Priority #: 2* **Priority Area:** Increase the number of youth receiving outpatient substance use disorder treatment **Priority Type:** SAT **Population(s):** PWWDC, PWID, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Youth Experiencing

Homeless, Asian, tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:
Increase the treatment initiation and engagement rates among the number of youth accessing substance use disorder outpatient services.

Objective:
• Require Behavioral Health Organizations (BHOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.
• Re-examine current adolescent network and capacity
• Improve access and increase available SUD outpatient services for youth.

Strategies to attain the objective:
• Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.
• Continue using performance based contracts with BHOs and MCOs to ensure focus and oversight of provider network.

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

Baseline Measurement: SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services

First-year target/outcome measurement: Increase the number of youth receiving SUD outpatient treatment services in SFY22 to??

Second-year target/outcome measurement: Increase the number of youth receiving SUD outpatient treatment services in SFY23 to??

NOTE: Our ability to improve our baseline was significantly impacted by COVID-19, we may continue to use the same targets for the SFY 2022-2023.

	SFY 2020
Target/Outcome Measure	3,584
Results	1,695

			Data Source: The number of youth receiving SUD outpatient services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS). Note- add narrative about telehealth. Is it realistic to meet this target with the continuation of telehealth (younger)? **Description of Data:** The calendar year 2016 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between January 1, 2017, and December 31, 2018. **Data issues/caveats that affect outcome measures:** DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed. Indian Health Care Providers have to enter data into multiple systems which can be burdensome. *Priority #: 3* **Priority Area:** Increase the number of SUD Certified Peers **Priority Type:** SAT **Population(s):** PWWDC, PWID, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities) **Goal of the priority area:** Increase the number of SUD peers working in the field, create a strategic plan to incorporate SUD peer services into the behavioral health system **Objective:** • Pilot SUD peers • Develop a strategic plan to review curriculum, funding strategies and rule changes **Strategies to attain the objective:**

• BHA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system
• Identify any curriculum adjustments needed to integrate SUD peer services
• Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SUD peer support program

Baseline Measurement: From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802

First-year target/outcome measurement: Peer support program in SFY22 that would train 280 peers **Second-year target/outcome measurement:** Peer support program in SFY23 that would train 350 peers

The number of individuals trained through the SUD Peer Support Program increased during the SFY 2020 due to virtual training options available.

	SFY 2019
Target/Outcome Measure	200
Results	219

Data Source:
Monthly reports submitted to DBHR through the STR Peer Pathfinder project

Description of Data:
Excel reports indicating the number of individuals served by SUD Peers on the Pathfinder project

Data issues/caveats that affect outcome measures:
No issues are currently foreseen that will affect the outcome measures.

			Priority #: 4 **Priority Area:** Increase outpatient mental health services for youth with SED **Priority Type:** MHS **Population(s):** SED **Goal of the priority area:** The primary goal is to increase community based behavioral health services to youth who are diagnosed with SED. **Objective:** • Require the Behavioral Health Organizations (BHOs) and I/T/U to improve and enhance available behavioral health services to youth. **Strategies to attain the objective:** • Require BHOs to maintain behavioral health provider network adequacy. • Increase available MH community-based behavioral health services for youth diagnosed with SED. **Annual Performance Indicators to measure goal success** **Indicator #:** 1 **Indicator:** Increase outpatient MH services to youth with SED **Baseline Measurement:** SFY20: 68,113 youth with SED received services **First-year target/outcome measurement:** Maintain the number of youth with SED receiving outpatient services to at least 40,820 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases) **Second-year target/outcome measurement:** Maintain the number of youth with SED receiving outpatient services to at least 41,320 in SFY23 SFY22 (we anticipate a decrease in

numbers, bringing us closer to our normal baseline as Covid decreases)

	SFY 2020
Target/Outcome Measure	40,820
Results	68,113

Data Source:
The number of youth with SED receiving MH outpatient services is reported in the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).

Description of Data:
Fiscal Year 2018 is an unduplicated count of youth with SED who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.

Data issues/caveats that affect outcome measures:
No issues are currently foreseen that will affect the outcome measure.

Priority #: 5

Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.

Priority Type: MHS

Population(s): SED/SMI

Goal of the priority area:
The primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP).

Objective:
• Increase capacity in the community to serve youth experiencing FEP

Strategies to attain the objective:
• Provide funding to increase the number of agencies who serve youth with FEP.

• Increase available MH community based behavioral health services for youth diagnosed with FEP.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase outpatient MH capacity for youth with FEP.

Baseline Measurement: SFY20: 11 FEP Programs, serving a total of 325 youth

First-year target/outcome measurement: FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).

Second-year target/outcome measurement: FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).

Results:

	SFY 2020
Target/Outcome Measure	5-9 Sites, 100 addition
Results	11 sites, 325 youth ser

Data Source: DBHR, via reporting from WSU. Extracted from the URS reports.

Priority #: 6

Priority Area: Increase the number of adults with SMI receiving mental health outpatient treatment services

Priority Type: MHS

Population(s): SMI, Other (LGBTQ, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:
Increase the number of adults with SMI accessing mental health outpatient services.

Objective:
• Require MCOs, BHASOs, and BHOs to maintain and enhance behavioral health provider network adequacy.
• Increase available mental health behavioral health services for adults.

Strategies to attain the objective:
• Gather data and resources regarding how potential individuals are identified.

Annual Performance Indicators to Measure Goal Success
Indicator #: 1

Indicator: Increase mental health outpatient services for adults with SMI

Baseline Measurement: SFY20: 192,662 adults with SMI received mental health outpatient services

First-year target/outcome measurement: Maintain a minimum of 104,128 adults with SMI receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Second-year target/outcome measurement: Maintain a minimum of 104,128 adults with SMI receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

	SFY 2020
Target/Outcome Measure	103,668
Results	192,662

Data Source:
The number of adults with SMI receiving MH outpatient treatment services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).

			Description of Data: Fiscal Year 2020 clients served is an unduplicated count of adults with SMI (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020. **Data issues/caveats that affect outcome measures:** With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously. *Priority #: 7* **Priority Area:** Increase the number of individuals receiving recovery support services, including increasing supported employmentand supported housing services for individuals with SMI, SED, and SUD **Priority Type:** SAT, MHS **Population(s):** SMI, SED, PWWDC, PWID, TB, Other (Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities) **Goal of the priority area:** Measurements for this goal will include increasing the employment rate, decreasing the homelessness rate and providing stable housing in the community. **Objective:** • Increase awareness, implementation and adherence to the evidence-based practices of permanent supportive housing and supported employment models by implementing fidelity reviews at five agencies **Strategies to attain the objective:** • Train 500 staff working in behavioral health, housing and health care, through webinars or in-person training events • Support 1,000 individuals in obtaining and maintaining housing • Support 1,000 individuals in obtaining and maintaining competitive employment • Assist 25 behavioral health agencies in implementing evidence-based practices of permanent supportive housing and supported employment models

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of people receiving supported employment services (formerly increase employment services)

Baseline Measurement: FY2020 **–** need data

First-year target/outcome measurement: Increase average number of people receiving supported employment services per month (over 12-month period) by 5% in FY22 (additional ??)

Second-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 5% in FY23 (additional ??)

	SFY 2020
Target/Outcome Measure	Increase 5% (additiona
Results	No Data available yet

Data Source:
Department of Social and Human Services (DSHS), RDA

Description of Data:
Includes all people who have received supported employment services.

Data issues/caveats that affect outcome measures:
No issues are currently foreseen that will impact the outcome of this measure.

Indicator #: 2

Indicator: Increase number of people receiving supportive housing services *(formerly decrease homelessness)*

Baseline Measurement: FY2020 **–** need data

First-year target/outcome measurement: Decrease by 5% (?? fewer)

Second-year target/outcome measurement: Decrease by 5% (?? fewer)

	SFY 2020
Target/Outcome Measure	Decrease by 5% (808 f

Results	67,604

Notes: The way this was previously worded, it was not necessarily a BG priority – a lot of problems with obtaining data and the definition

Recommendation to take out # of individuals employed – ESD data – we need number of individuals who received BH services that were recorded as homeless.

Data Source:
Department of Social and Human Services (DSHS), RDA

Description of Data:
Includes all people who have received supported housing services.

Data issues/caveats that affect outcome measures:
No issues are currently foreseen the will impact this outcome measure.

Priority #: 8

Priority Area: Increase the number of adults receiving outpatient substance use disorder treatment

Priority Type: SAT

Population(s): PWWDC, PWID, TB, Other (LGBTQ, Criminal/Juvenile Justice, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:
Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.

Objective:
• Require the Behavioral Health Organizations (BHOs) to improve and enhance available SUD outpatient services to adults.

Strategies to attain the objective:

• Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase outpatient SUD for adults in need of SUD treatment

Baseline Measurement: SFY20: 40,293

First-year target/outcome measurement: Increase the number of adults in SFY22 to 47,875

Second-year target/outcome measurement: Increase the number of adults in SFY23 to 48,888.

	SFY 2020 (General Adu Population)
Target/Outcome Measure	47,875
Results	40,293

Results:
We did not reach out target outcomes, do we want to adjust the target measurement outcomes?

Data Source:
The number of adults receiving SUD outpatient services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).

Description of Data:
Fiscal Year 2020 is an unduplicated count of adults (persons 18 years of age and older) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

Data issues/caveats that affect outcome measures:
With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously. Indian Health Care Providers have to enter into multiple systems which can be burdensome.

			Priority #: 9 **Priority Area:** Pregnant and Parenting Women **Priority Type:** SAT **Population(s):** Pregnant and Parenting Women (PWW) **Goal of the priority area:** Increase the number of PPW clients receiving case management services **Objective:** Improve the health of pregnant and parenting women and their children and help them maintain their recovery. **Strategies to attain the objective:** • Increase access to case management services **Annual Performance Indicators to measure goal success** **Indicator #:** 1 **Indicator:** Expand capacity for women and their children to have access to case management services. **Baseline Measurement:** As of June 2021, the total contracted number of PPW clients receiving PCAP case management services is 1409. **First-year target/outcome measurement:** Increase the number of PPW clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county) **Second-year target/outcome measurement:** Maintain the number of PPW clients receiving PCAP case management services. **Data Source:** Contracts with PCAP providers. **Description of Data:** The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices

			in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting. **Data issues/caveats that affect outcome measures:** - Impacts of the current/ongoing COVID pandemic. - If funding is reduced for any reason, the number of sites/clients served may decrease. *Priority #: 10* **Priority Area:** Maintain Government to Government relationships with Tribal Governments **Priority Type:** SAP, SAT **Population(s):** PWWDC, PP, PWID, TB, Other (Underserved Racial and Ethnic Minorities) **Goal of the priority area:** Adhere to the Washington State Centennial Accord and DSHS Administrative Policy 7.01 which directs DSHS Administrations to communicate, collaborate, and formally consult with the 29 Federally Recognized Tribes when funding and policy changes will have an impact on Tribal Governments, Urban Indian Health Programs, Recognized American Indian Organizations, and individual American Indians/Alaska Natives. By extension of the Accord and Policy, DBHR gives all 29 Tribes the opportunity to apply for block grant funding to help bolster prevention and treatment services within their tribal communities. **Objective:** • Support the Tribes to use block grant funding for the following services for youth and adults who are non-Medicaid and low income: assessments, case management, drug screening tests including urinary analysis, outpatient and intensive outpatient, and individual and group therapy; • Support the Tribes to use block grant funding to begin and/or maintain tribal substance use disorder prevention programs and projects for youth within tribal communities. **Strategies to attain the objective:** • Each tribe is required to complete a Tribal Plan and budget that indicates how the funding will be expended on approved SUD prevention or treatment activities, and DBHR must approve each plan and each update to a Tribal Plan.

			• Each tribe must submit quarterly expenditure reports to DBHR. • Each tribe must input data into each appropriate data system (i.e. TARGET Data System, and Substance Use Disorder (SUD) Prevention and MH Promotion Online Data System) on a quarterly basis. • DBHR will work in good faith with the Tribes and Urban Indian Health Programs to streamline the data reporting process in the future. • Each tribe must submit an Annual Narrative Report to reflect on the prevention and treatment services provided with the funding, successes within the program, challenges within the program, etc. **Annual Performance Indicators to measure goal success** **Indicator #:** 1 **Indicator:** Maintain treatment and prevention to American Indian/Alaska Natives **Baseline Measurement:** Treatment 4,872 **First-year target/outcome measurement:** Treatment 4,872 **Second-year target/outcome measurement:** Treatment 4,872 Results: **AI/AN Clients Served*:** **All tribal agencies reported into BHDS: 4,499 in SFY 2020 (3,401 in SFY 2021)** **SUD Prevention + MH Promotion AI/AN Clients Served:** **a) SUD Prevention: 11,505 in SFY 2020** **b) MH Promotion: 4,753 in SFY 2020 (no data available yet for SFY 2021)** **Do these targets make sense? Do we want to adjust them for the 22-23 app? We did not quite meet it, do we want to acknowledge the challenge of COVID?** **Data Source:** The Substance Use Disorder Prevention and Mental Health Promotion MIS and TARGET, or its successor, for treatment counts. **Description of Data:** As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020. **Data issues/caveats that affect outcome measures:**

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			Indian Health Care Providers have to enter into multiple systems which is burdensome.
4.	**Break**	All	
5.	**Membership Committee – New Members**	Vanessa Lewis	• Only 1 membership member currently (Vanessa Lewis). Tori will send a follow up email looking for members for the committee. • Katie Mirkovick will join the membership committee.
6.	**Peer Review Team**	Josh Wallace	• Difficult to pull together but will need a couple of people to review. • Vanessa Lewis, Josh, Katie, Mary • Tori to send follow up to committee to look for additional members.
7.	**Directors Update**	Keri Waterland	• Not a lot of change between now and May • DBHR is still working on the 74-line items that the legislature gave the division. Not all are new investments, but most are. It takes time to strategically think through all of the different projects that DBHR now has responsibility for. • Blake piece has work group and steering committee and is currently under way - Tony Walton is the project manager. • 988 bill – strategic outreach to various agencies and entities. Currently working on collecting applications from BH-ASO's, Peer's, individual with lived experience – for the workgroups. • DBHR is doing a lot of work around the ARPA funds – working on getting them through contracts to get the funds out the door. They are limited in nature, so DBHR is working on making sure they are getting the contracts up and running. • Having concerns around the interplay with individuals who have needs for support around BH and crisis system and the role with local law enforcement; DBHR is collecting that information. • DBHR is working on decision packages internally and working with leadership. • A DP is a ask to Office of Financial Management around funding to expand program • Working on agency request legislature – an opportunity to look at projects that we need to ask for legislative changes on. Gives DBHR an opportunity to be creative or to fix problems that may have been overlooked at the last session. • A significant improvement for the HCA had over 85% of contracts got out on time. The remaining

			contracts and getting worked on and will be out soon. • Trying to get block grant enhancement funds out in contracts. • Keeping momentum in the projects of BG Enhancement, by continuing them with the ARPA funds. • SUD funds did not come in as high as normal. • DBHR has a multitude of different trainings coming up this summer, they will keep BHAC updated. • DBHR is heavily recruiting, one of the roles in the navigator administrator, we have the month of July to establish the standards to Keri to detail what the navigator program will look like. Administrators are already being hired. Anticipate this happening late summer and early fall. • Updates on Workforce development and the campaign – Campaign is under development, we need to go live by September to be able to spend down the funds. • DBHR questions to BHAC – we have sunset our all-provider calls related to COVID – what are som,e of the successes and challenges of COVID related impacts? • One of the biggest concerns from Josh is that concern for safety and the heightened mental health. • Mary O'Brian – have a heightened amount of request of services in their area. Correlates with schools opening in person again. Lots of individuals are having a hard time adjusting to the new "normal". All people need support in this time.
8.	**Guest Legislature – Senator Judy Warnick**	Richelle Madigan & Senator Judy Warnick	• Richelle Madigan has played a role in Senator Warnicks role in BH. • Has been apart of workgroups to be able to bnring awareness to this. • Bill 5412 – Redefining what a parent and family look like, someone who may have a strong family relationship with a child. • Part of the definition needed to be clarified – what is the age of consent of children? • Bill did not go through, Senator Dingra asked that Warnick go back and work on the bill a little bit before the next session. Currently there is interest in the bill and continuing the conversation. • Meet with committee Staff and Caucus staff attended a webinar about CBT – Warnick now wants to include this to the bill. Finding therapy, finding facilities

			• We do not have facilities for children, we do not have the appropiate staff for the facilities as well. The state and legislature has a work to do. • Starting with State Hospitals, then go in for early interventions (age 16-24). • Very interested in bringing in school districts. What can they supply as far as health for these students? • What can BHAC do? Take a look at bill 5412, what suggestions do you have as a council? • Equine therapy, Senator Warnick has seen the effects of therapy for the children. • Senator Warnick wants to use a wholistic approach, therapy should be more than just sitting in an office and talking with a professional. • New outside of the box type of treatment, not sure if it will be apart of 5412 but it could potentially be apart of the bill. • Richelle – Working with Senator Warnick with getting her Sons treatment plan worked out.
9.	**Action Item Recap** **September Agenda Items** **Ajourn**	All	Section update: workforce Steve Perry Continue to invite legislatures. Senator Dingra, Tom Dan, look on the east side of the mt as well Director's update Block grant update – final application.

SUD Adult Treatment

Edward Michael

SUD Services Supervisor

Meet the team

Edward Michael
SUD Services
Supervisor

Kris Shera
State Opioid
Coordinator

Tony Walton
Senior SUD Project
Manager

Meet the team

Sandy Sander

Rachel Downs

Stephanie Endler

Ryan Keith

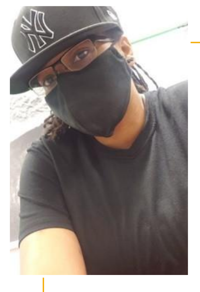
Sue Green

Lora Weed

Meet the team

Cooper Wright

James


Michele

Gayle

Megan

Patricia

Treatment

- Our main goal:
  - Promote ethical approaches to substance use disorder management and increase services to Washingtonians that are services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate.

- We do this through our commitment to:
  - Person centered care and integrated addiction care focusing on a cohesive approach supportive of a behavioral health state plan, with a focus on whole person care.
  - Focusing on the self-determination principle (autonomy), flexibility in objectives and treatment decisions, and removal of the stigma of substance use disorder

Growth and development

- Team absorbed the Road Map to Recover work
  - 2 positions incorporated into the team
- Expanding CJTA work into two positions
  - Behavioral Health Criminal Justice Administrator
  - Behavioral Health Criminal Justice Manager
- New hires
  - 6 new permanent positions created out of this past Legislative Session

Overview

Programs

- ESHB 2642 “No wrong door”
- Opioid Treatment Networks
- SUD family education curriculum
- SUD peer services
- SUD treatment implementation
- SUD treatment services
- Naloxone Distribution & Training
- SBIRT
- SPA
- RSAT
- DOH tobacco cessation

Trainings

Transforming our Communities

Supporting People Who Use Drugs

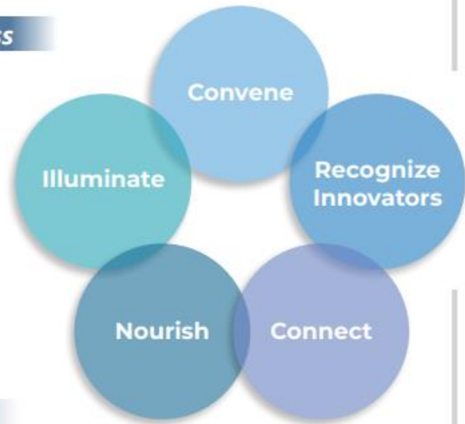
Understand the perspectives of people who use drugs
with the goals of increasing insight and compassion so that services are both welcoming and impactful.

Understand the importance of equitable access
to health care and other necessary services.

Connect people within their communities
to build strong working relationships that strengthen capacity to deliver great care that is equitable and just.

Build partnerships
to catalyze and energize ongoing regional and statewide work.

Walk away with fresh ideas
to improve practice to address the needs of people who use drugs.



- Contingency management
- Diversity, equity, and inclusion
- Behavioral Health Conference & Symposium
- Co-occurring treatment conference
- NWATTC
- DOH Naloxone & distribution
- Treatment summit
- Opioid summit
- Methamphetamine webinar
- BHDS
- ASAM
- Tree of Healing conference
- ADAI-TA training for OTNs and H&S

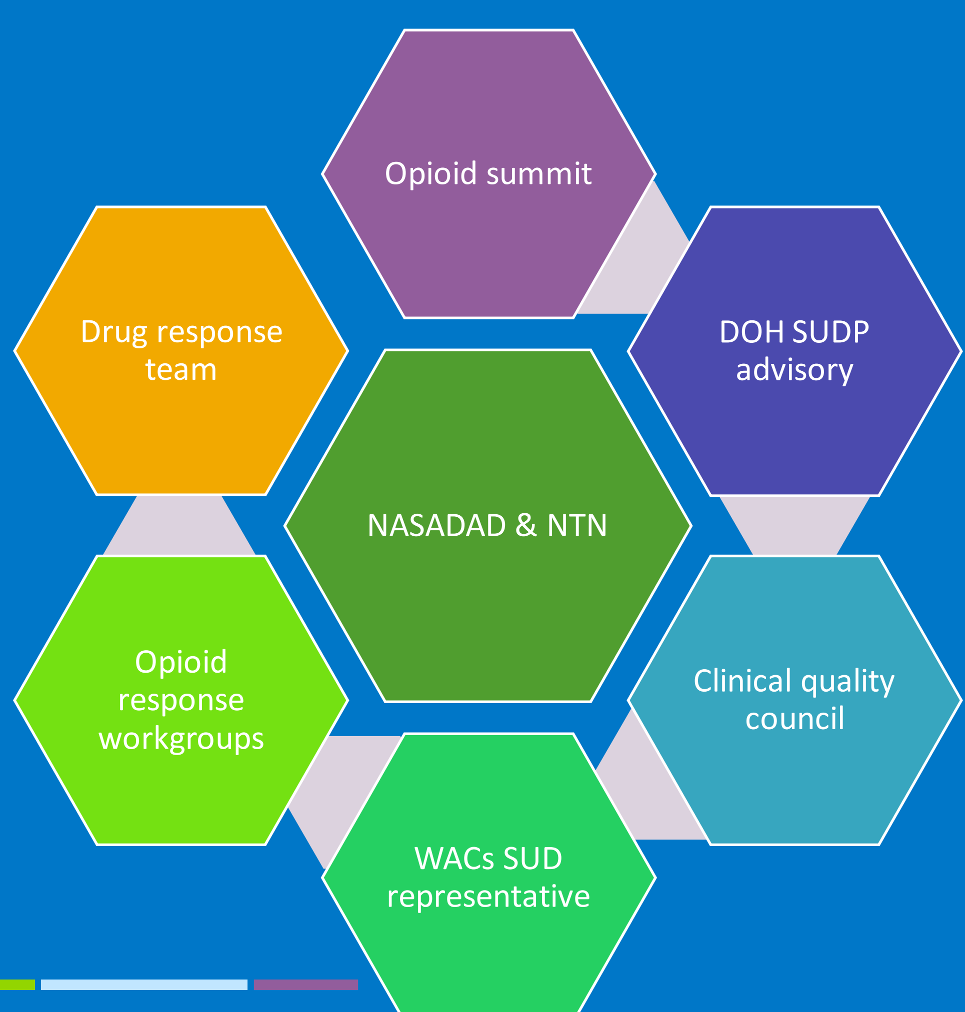
Diversity, Equity, and Inclusion (DEI)

DIVERSITY
of people, perspectives

EQUITY
in policy, practice & position

INCLUSION
via power, voice & organizational culture

Committee membership



Project management

- Nurse care managers
- Same day visit
- TRWG
- University of Washington
- State Hub and Spoke
- WA-PDO
- Washington Recovery Helpline
- WRHL contract

Grants

- State Opioid Response
- WASEC
- DDCAT
- IMAT
- Road to Recovery

Justice projects

Justice projects

LEAD

Support for DOC

RSAT

CJOW agency partnerships for individuals in criminal justice

Therapeutic courts

State v. Blake

State v. Blake

On Feb. 25, 2021, the Washington Supreme Court issued a decision declaring the state's main drug possession statute RCW 69.50.4013(1) unconstitutional and "void."

The ruling occurred in a case known as State v. Blake. In 2016, Shannon Blake was arrested in Spokane and convicted of simple drug possession.

The law criminalized "unknowing" drug possession and people could be arrested and convicted even if they did not realize they were in possession of drugs.

State v. Blake

Who is impacted?

- Anyone charged and convicted under the drug possession statute

Pending charges

- Dismissal of charges
- Sentencing scores recalculated

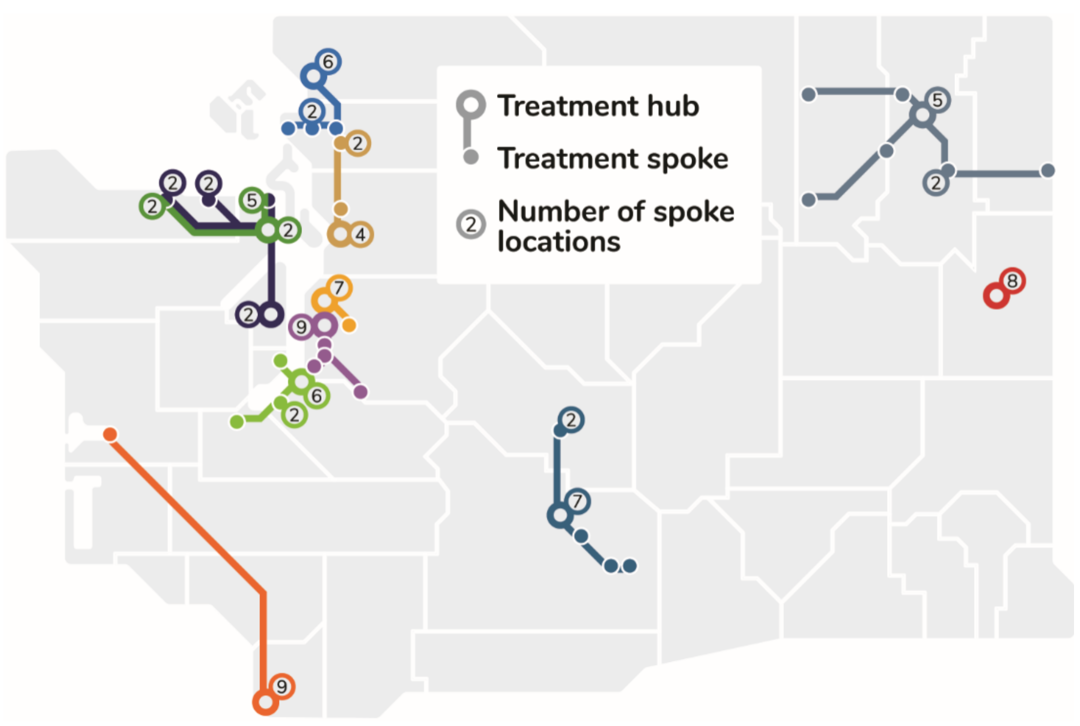
Next steps

- Law enforcement can no longer arrest based on simple drug possession

Opioid and Overdose Response Plan

State Opioid Response projects

- Grants to tribal communities
- Opioid Treatment Networks (OTN)
- OUD treatment decision reentry services and COORP
- Hub and spoke networks
- Hub and spoke Hep C
- MOUD treatment payment assistance
- Technical assistance
- Tribal treatment AI/AN workgroup



Tribal treatment

- Goal is to work collaboratively with tribal governments to engage in MOUD services
- Provide public education that build awareness for MAT/OUD treatment options
- Provides medication for opioid use disorder training for tribal conferences

In the news

Opioid treatment meds could be used more effectively in Washington, researchers say

By PAULA WISSEL • MAY 26, 2021

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UW Medicine pharmacist Meredith Holmes with addiction treatment drug buprenorphine.

UW MEDICINE

Questions

Engrossed Senate Bill 5476

Responding to the *State v. Blake* decision by addressing justice system responses and expansion of behavioral health services

Substance use recovery services plan

The Health Care Authority (HCA) will establish a committee which is tasked with developing measures to assist persons with Substance Use Disorder (SUD) in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate.

Advisory committee

HCA will establish a substance use recovery services advisory committee (Committee). HCA must appoint members to the committee who have relevant background related to the needs of persons with substance use disorders and be reflective of the community of individuals living with substance use disorders. The Committee shall include legislative representation and several local and national experts.

Substance use recovery services plan

The Committee will inform the development of the substance use recovery services plan (Plan). The Plan will include measures to assist persons with SUD in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The Plan will establish a fundamental framework for regional capacity for community-based care access points, address barriers in access to existing systems, and design a mechanism for referring individuals into supportive services.

Timeline

Preliminary report	12/1/2021
Final plan	12/1/2022
Adopt rules/contract	12/1/2023

Recovery navigator program

Each Behavioral Health Administrative Services Organization (BHASO) shall establish a recovery navigator program to deliver community-based outreach, intake, assessment, and connection to services for individuals with an SUD who encounter law enforcement and other first responders.

Uniform program standards

HCA will develop uniform program standards modeled upon Law Enforcement Assisted Diversion (LEAD). The Standards will consider the nature of referral into the recovery navigator program, followed by long term intensive case management. In developing response time requirements within the statewide program standards, HCA shall require, subject to the availability of amounts appropriated for this specific purpose, that responses to referrals from law enforcement occur immediately for in-custody referrals and shall strive for rapid response times to other appropriate settings such as emergency departments.

Recovery navigator program strategic plan

Before receiving funding for implementation and ongoing administration, each BHASO must submit a program plan that demonstrates the ability to fully comply with statewide program standards. Each recovery navigator strategic plan must address requirements to maintain enough trained personnel to provide intake and referral services, conduct assessments, deliver intensive case management, and make warm handoffs to treatment and recovery support services along the continuum of care.

Funding

• $25 million General Fund-State	SFY22
• $20 million General Fund-State	SFY23

Expanded recovery support services

HCA will establish the expanded recovery support services program to increase access to recovery services for individuals in recovery from substance use disorder (SUD). In establishing the program, HCA shall consult with Behavioral Health Administrative Services Organizations, regional behavioral health providers, and regional community organizations that support individuals in recovery from SUD to adopt regional expanded recovery plans. The regional expanded recovery plans will include input from the substance use recovery services advisory committee, and are consistent with the substance use recovery services plan, both established in section one of ESB 5476.

Regional expanded recovery plan

The regional expanded recovery plans will consider sufficient access for youth and adults to meet each region's needs for the following:

- Recovery housing;
- Employment pathways, support, training, and job placement;
- Education pathways, including recovery high schools and collegiate recovery programs;
- Recovery coaching and SUD peer support;
- Social connectedness initiatives;
- Family support services;
- Technology-based recovery support services;
- Transportation assistance; and,
- Legal support services.

Timeline

Establish regional recovery plan	1/1/2023
Distribute grant funds, if allocated	3/1/2023

Funding

Clubhouse Services Expansion

$1.6 million General Fund-State	SFY22
$3.1 million General Fund-State	SFY23
$3.8 million Federal	Biennium

Short Term Housing Vouchers

$0.5 million General Fund-State	SFY22
$0.5 million General Fund-State	SFY23

SUD Family Navigator Services Grant Program

$0.5 million General Fund-State	SFY22
$0.5 million General Fund-State	SFY23

Homeless Outreach Stabilization Transition (HOST) expansion

HCA will expand homeless outreach stabilization transition (HOST) programs with the goal of expanding access to modified Assertive Community Treatment delivered by multi-disciplinary teams. The teams will perform outreach and engagement to individuals who are living with SUD and are experiencing lack of, or transitioning from, housing.

HCA will consult with outreach organization who have experience delivering this services model to establish guidelines regarding team staffing, service intensity, quality fidelity standards, and metrics to verify programs are targeting the priority population.

Timeline

Expand HOST Programs	1/1/2024
Distribute Grant Funds	3/1/2024

Funding

$5 million General Fund-State	SFY22
$7.5 million General Fund-State	SFY23

Other Supportive Programs

Medications for Opioid Use Disorder (MOUD) in jail

HCA will expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails.

Funding- MOUD in jail

$2.5 million General Fund-State	SFY22
$2.5 million General Fund-State	SFY23

Opioid treatment network enhancement

HCA will increase contingency management resources for opioid treatment networks that are serving people with stimulant use disorder.

Funding- Opioid treatment network

$0.5 million General Fund-State	SFY22
$0.5 million General Fund-State	SFY23

Questions?

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