

**Behavioral Health  
Advisory Council**

**January Agenda**

**Wednesday, January 3, 2024**

**9:30 AM– 2:30 PM**

Attendees:					
<input checked="" type="checkbox"/>	Michael Langer (DBHR)	<input checked="" type="checkbox"/>	Robert Hopkins	<input checked="" type="checkbox"/>	Nathan Lusk (DBHR)
<input type="checkbox"/>	Teesha Kirschbaum (DBHR)	<input checked="" type="checkbox"/>	Miranda Meier	<input type="checkbox"/>	Janet Cornel (DBHR)
<input checked="" type="checkbox"/>	Teresa Claycamp (DBHR)	<input type="checkbox"/>	Michelle Tinkler	<input checked="" type="checkbox"/>	Tori McDermott Hale (DBHR)
<input checked="" type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>	Clarissa Fletcher	<input checked="" type="checkbox"/>	Kim Wright (DBHR)
<input checked="" type="checkbox"/>	Vanessa Lewis	<input checked="" type="checkbox"/>	Ruth Leonard (MPD)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Jolie Ramsey	<input checked="" type="checkbox"/>	Christal Eshelman	<input checked="" type="checkbox"/>	Guest: Dona Allison (BHAB)
<input checked="" type="checkbox"/>	Katie Mirkovich	<input checked="" type="checkbox"/>	Julee Christianson	<input checked="" type="checkbox"/>	Guest: Carolyn Cox
<input checked="" type="checkbox"/>	Tessa Clements	<input checked="" type="checkbox"/>	David Musser	<input checked="" type="checkbox"/>	Guest: Ramon Razo
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Guest: Gabriele Hamilton
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Guest: Danny Highley (MPD)
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Guest: Nanci Watson
				<input checked="" type="checkbox"/>	Guest: Nelson Rascon
				<input checked="" type="checkbox"/>	Guest: Christina Jackson
				<input checked="" type="checkbox"/>	Guest: Laura Van Tosh

#	Agenda Items	Time	Lead	Decisions and Summary of Meeting
1.	<p>Welcome &amp; Call to Order</p> <ul style="list-style-type: none"> <li>Attendance</li> <li>Approve November minutes.</li> </ul>	9:30am	Richelle Madigan and Vanessa Lewis	David Musser motioned to approve November Minutes. Jolie Ramsey seconded. November minutes approved unanimously
2.	Council Member Roundtable	9:40am	Roundtable	<p>Christal Eshelman (member) – Currently doing an RFP process for North Central BH-ASO region. So, if there are any organizations that are in North Central or serving North Central, they are welcome to apply for that.</p> <p>Gabriel Hamilton (guest)- recently became interim director, getting use to his new role.</p> <p>Robert Hopkins (member)- No new updates</p> <p>Julee Christensen (Member)- continuing work with Project Aware. Have two concurrent grants serving multiple districts across the state. Also, In a liaison/support position with other entities with projects in ESD 101, 105 and Battleground School District.</p> <p>Katie Mirkovich (member)- no new updates</p>

Miranda Meir (member)- busy with capacity grants and permanent supportive housing.

Tana Russell (guest)- just termed out as a BHAC member but is looking to have a new employee apply to become a BHAC member to represent problem gambling, awareness, and advocacy.

Nanci Watson (guest)- no new updates

David Musser (member)- DOC is going to start offering level 2.5 and 3.3 level of care in some reentry centers, starting in Spokane and then moving to the 12 reentry centers across the state.

Richelle Madigan (Co-chair)- No new updates

Vanessa Lewis (Co-chair)- No new updates

Carolyn Cox (guest)- Spark just got done moving into their new building in the Tri-Cities.

Ramon Razo (guest)- SPARK director of juvenile justice training for youth, excited to be here.

Ruth Leonard (member)- No new updates

Danny Highley (DBHR)- Manages BH-ASO contracts for the federal block grants.

Nelson Rascon (member)- Dad Move just started a partnership with Raymond Hall in Pierce County

Tessa Clements (member)- no new updates

Jolie Ramsey (member)- with DVR, we know that at least 30% of our customers identify with some kind of mental health disability. So, know how important it is.

Kim Wright (DBHR)- Behavioral Health Operations and Planning Supervisor, getting to work not only with the block grants, but also DBHR's legislative process, policy reviews, contracting process, workforce, among other things.

Nathan Lusk (DBHR)- No new updates

			<p>Christana Jackson (guest)- first BHAC meeting, works with Washington State Community Connectors and Generation forward in Whatcom County.</p>
<p>3. BHAC Membership Update and Budget Review</p>	<p>10:00am</p>	<p>Nathan Lusk</p>	<p>See 2024 Membership Updates and Meeting Review</p> <p><b>Membership Update Discussion:</b></p> <p>Richelle Madigan- We should have a section for Central Washington so that it is not just Eastern and Western.</p> <p>Richelle Madigan- Is there a document or something we can share across social media?</p> <p>Nathan Lusk- We are almost finished with a BHAC Factsheet that can be shared publicly explaining what the council does and how to apply.</p> <p>Kim Wright: Can you remind members of term length and limits:</p> <p>Nathan Lusk- Current Bylaws state that members can serve two, three-year terms, reapplying to serve their second term, and then must wait one year before reapplying. If they serve on the executive committee, their term will be extended to finish out their executive committee position.</p> <p>Nathan Lusk will send out member term information to individual members in January and will post the BHAC membership Roster in the BHAC SharePoint with member term information.</p> <p><b>Meeting Review Discussion:</b></p> <p>Richelle Madigan- (regarding having a youth themed/led BHAC meeting) If we are having a youth led meeting, I think is very important that the youth leading are coming to our regular meetings and understand our group dynamics so that they aren't tokenized. With that I think it is really important to create a space on our executive committee for a youth representative. So that we have youth representation in our leadership as well as on our council.</p> <p>Tessa Clements: Do you know what the history is behind the council choosing every odd month to meet in the year?</p>

Vanessa Lewis- There were several subcommittees that used to meet on the even months and then the full council would meet on the odd months.

Nathan Lusk will send out a list of meeting options to the Council such as meeting every even month vs odd month, day of the week, and time of the month, along with potential barriers, such as deadlines, scheduling for leadership, etc. for the council to review

**BHAC Budget/ Breakdown of Expenditures Discussion:**

Nathan Lusk- Peer Review will be separated from the BHAC budget going forward starting in FY 25. The \$50,000 budget is for both of them.

Kim Wright- The large remainder showing does not go unused or get sent back to SAMHSA, its applied to other projects that are over allocated. BHAC and Peer Review have had recently lower spend years due to things being virtual and will probably increase as more things return to in person.

Richelle Madigan- You mentioned you are separating the Peer Review and BHAC budget does that mean BHAC will no longer oversee the Peer Review.

Kim Wright- No, we plan to separate them so that they are easier to see as separate line items.

Richelle Madigan- Who decides where the surplus goes to put into over allocated projects?

Kim Wright- When we have our awards, we have an award amount and then aware of a certain amount of underspend in our contracts. So, we see about 80 to 85% of what we put in our contracts actually spend. This is to make an educated decision about the risk of over allocating while still ensuring we completely spend.

Richelle Madigan- I really appreciate you sharing this and also think it would be great to get this on a cyclical basis, every 6 months or year.

Richelle Madigan- Would like more knowledge around where the surplus funds have been allocated.

Nelson Rascon- Or the justification on if funds get put over here vs over there.

Kim Wright- it is not that we are not talking about taking the remainder of funds and applying it to another project, but that we've over allocated the whole grant so when our projects underspend, they cover the overallocation.

Tessa Clements- Worked at state and county levels where we were similar, understanding the risk of the grant that if you don't use it, you lose it, so if you have continuous years of underspending, they're going to look at this and say, Washington doesn't need it. By over-allocating it covers the risk of the underspent funds and the risk of the money going back to another state. When you talk about allocating, I'm thinking fewer picking projects and more balancing the full account.

Block Grant team will provide a list of projects/ awards that have historically been over allocated, to also identify where there is more need and for the Council to advocate in those areas.

**BHAB Composition/ Meeting Cadence Discussion:**

Carolyn Cox- When a BH-ASO or county submits a request for funds who approves that request for funding?

Michael Langer- BH-ASO funding is run through the Medicaid Program Division (MPD). They (BH-ASOs) have money allocated to them and then they have the primary responsibility of allocating those funds.

Ruth Leonard- BH-ASOs send in their plan annually and as part of that approval process the BHABs are also supposed to review that.

Carolyn Cox- Expressed concern that some BH-ASO's aren't giving BHAB's enough time/ input to review plans before they request a signature.

Richelle Madigan- Is there a way to standardize the process of planning the BHABs review to make sure they have enough time? Also wants to make sure BHAB's have adequate representation of lived experience across diverse populations.

			Block Grant and BH-ASO teams will review the contract language currently for BHABS, including requirements for board composition, meeting cadence, review process, and reply to the council
4.	Short Break	11:05am	All
5.	Directors Dialogue Block Grant Progress Report	11:15am	<p>Kim Wright Michael Langer, Teesha Kirchbaum</p> <p><b>DBHR Transition/ Changes:</b></p> <p>Michael Langer-</p> <ul style="list-style-type: none"> <li>• Keri Waterland last day as DBHR director was 12/31/2023. Michael Langer will act as Interim Director until the DBHR Director Role is filled.</li> <li>• Teesha Kirschbaum- will continue her role as deputy director over treatment and recovery support services and delegate her the Mental Health Commissioner Role.</li> <li>• Teesha Kirchbaum will be point person for Trueblood, 988 and CRIS Committee.</li> <li>• Michael will remain on the SURSAC committee.</li> <li>• Teresa Claycamp will represent DBHR in the new Behavioral Health Committee related to the Joint Legislative Committee. Also hiring a staff member who will be responsible for the Joint legislative Committee.</li> <li>• Jodi Costello will assume some of the Operations of DBHR such as HR, budget, audits, and contracts.</li> <li>• Jason McGill will replace Keri Waterland as Co-chair of the Children’s Legislative Committee</li> </ul> <p><b>Block Grant Progress Report Discussion: See Block Grant Progress Report Priorities for Narratives.</b></p> <p>Teesha Kirchbaum- As a reminder. This report is part of our agreement with the federal government that they continue to give us our block grant funds and part of what we do is this annual report back every year specifically highlighting priority areas.</p> <p>Priority 1- Not Achieved. Some reasons for unmet goal include lack of workforce. Priority 2- Achieved year 1, Did not achieve year 2. Tessa Clements- Looking at this at my local level, workforce and salary are also big issues.</p>

Priority 3- Not Achieved-  
Priority 4- Achieved  
Priority 5- Achieved  
Priority 6- Achieved  
Priority 7- Achieved  
Priority 8- Achieved: Nelson Rascon, Richelle Madigan-  
Is there is feedback process and letter to SAMHSA to  
update the terms SMI and SED? Plan to make a note of  
that to include in the BHAC response letter to the  
application.

Priority 9- Not achieved.  
Teesha Kirchbaum- some of the narrative is hopefully  
we're engaging with individuals maybe before they get  
to the point where they would go through like the  
traditional outpatient SD services are hope is that  
maybe because we've channeled some funds into  
services that are further upstream that were  
intervening sooner.

Michael Langer- we are also seeing a workforce issue  
here too. There has been staff loss reported so the  
capacity of treatment programs has diminished in  
some cases.

Priority 10- Achieved  
Priority 11- Achieved

Richelle- It is pretty evident that the workforce is  
affecting all the priorities in every area of behavioral  
health, service delivery, and service utilization. How  
can we incorporate nontraditional supports like  
community, faith, nonprofits?

Michael Langer- I think whether you are talking from  
the prevention perspective or the recovery, trying to  
use all the resources in the community is very  
important. A lot of what we report back to you are  
things that we pay for in the treatment realm and  
whether those numbers can be paid for with Medicaid,  
block grant or other state only funds. So, they are in the  
more traditional treatment area for now in what we are  
tracking.

Richelle Madigan- it would be great to have landscape  
analysis of who is providing what services in an area,  
because a lot of them are not traditional services.

Tessa Clements- (Landscape Analysis)- is so much to take on, it may be more feasible to look and find a way to fund a community to do this and then take their reports back and take a bigger picture of statewide what it looks like.

Michael Langer- I think what hasn't worked well with the state trying to do this too is it becomes a point in time and then there are no resources to maintain it.

Jolie Ramsey- shared how low pay in the field and small communities also leads to workforce shortages, with individuals seeking jobs that have higher pay.

Richelle Madigan- Suggested further discussion around workforce issues, including stakeholders and staff from different parts of the agency.

Gabriel Hamilton- Discussed wages and salary being an issue but also wants to know if there could be more workforce support when workers don't feel supported, undermined, or pressured.

Michael Langer- So if there is work being done around professional development within an agency? How do you keep them motivated and engaged?

Gabriel Hamilton- Yeah are there any tools for management for helping with that.

Teesha Kirchbaum- We do have that around peers, where it's a program called operationalizing peer supports and that really is targeted technical assistance and training to supervisors and executive leadership about how to start and then run peer services. So yes, among peers but not as much for the general workforce.

Gabriel Hamilton- Suggested more training for top management of agencies, especially around peer/ lived experience interactions. More Sensitivity Training

Carolyn Cox- I think we have also lost the essence of quality over quantity. I see agencies going for funding at the expense of people's well-being, causing problems to worsen. I think making templates available for agencies like management, sensitivity training and trauma, informed care policies. There were not any good templates for that. Maybe having contracts

				<p>requiring a policy for trauma, informed care and sensitivity training for employees.</p> <p>Michael Langer-I am really inspired by this conversation. if this something for 2024 that the Council would be interested in, maybe pursuing a little bit and thinking about how can we pull resources together for, you know, a webinar or maybe even dream bigger into day events or something, but really talk about beyond the financing, what else do we need to think about in terms of retention for peers and counselors quite honestly and prevention specialists and folks all the way down the continuum?</p> <p>The Council has more time to cover the priorities due to the application timeline. Plan on having structured time during council meetings when the council plans to go over 2-3 priorities each meeting.</p>
6.	Lunch	12:30pm	All	
7.	Directors Dialogue Governor's Budget	12:40pm	Michael Langer, Teesha Kirchbaum	<p>The governor's budget is the governor's plan/ priorities that he puts forward and then enters the legislative session where both the Senate and the House come up with their own budget, which is then reconciled into one.</p> <p>The session is 60 days.</p> <p><b>\$2.6 million and 5.2 FTEs</b> for Behavioral health data collection and management. Improves behavioral health data collection, validation, and reporting abilities.</p> <p><b>\$2.4 million in support of the Children Youth Behavioral Health Workgroup</b> to update the statewide strategic plan and cover increased contract costs.</p> <p><b>10.2 (\$6.5 million state)</b> additional support for <b>Crisis Response</b>. Including operating costs at Crisis stabilization facilities opening in fiscal year 2027 and support for youth stabilization teams.</p> <p><b>\$29.9 million and 3.5 FTEs supporting Long-Term civil commitment:</b> Establishing civil beds at Olympic Heritage Behavioral Health (OHBH) starting in fiscal year 2027; supports a study to minimize the use of state funding to operate OHBH; enhances two</p>

			<p>reimbursement rates paid to involuntary civil commitment bed providers; and transitions temporary behavioral health positions from various projects into permanent roles.</p> <p><b>\$17.8 million (\$10.8 million state) and 1 FTE supporting the Opioid crisis Response:</b> Supports the expansion of medication for opioid use disorder (MOUD) programs in city, county and tribal jails until federal funds are available; funds a summit to bring tribal and state leader to address the impact of the opioid crisis; supports a campaign to educate tribal communities about opioid misuse prevention and treatment; allows the launch of two health engagement hubs; pilots the use of Smart Health machines with various organizations; increases access to Sublocade; and supports a new Opioid Recovery and Care Access Center.</p> <p><b>\$16.6 million (\$11.4 million state) supporting Youth and Young Adults</b> including a community residential program designed for young adults exiting an inpatient behavioral health facility with risk of unaccompanied homelessness; pilots a behavioral health program for school-aged children; offsets provider administrative costs and covers prescription costs for non-Medicaid New Journeys participants; expands Community Prevention and Wellness Initiative (CPWI) programs; and supports the use of the Icelandic Prevention Model to address substance use in tribal communities.</p> <p><b>\$8 million state continuing support for Trueblood</b> diversion programs to provide assessments, mental health services, substance use disorder treatment, case management, employment assistance, and social services.</p> <p><b>\$5 million state supporting Certified community behavioral health clinic grants.</b> Allows certified community behavioral health clinics (CCBHC) to continue operations when sufficient federal funding is no longer available and while HCA pursues a state demonstration waiver.</p> <p><b>\$ 21.1 million (\$13.4 million state) in other investments</b></p>
<p>8. Peer Review Update</p>	<p>1:00pm</p>	<p>Christal Eshelman</p>	<p>See 2023 FBG Peer Review Report</p> <p>For the first time since 2019, the peer review process was conducted in person. Five providers receiving MHBG funding and ten providers receiving SABG funding have been reviewed this cycle. Twenty-four reviewers participated in the peer review process.</p>

				<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Expand services for individuals who use fentanyl.</li> <li>• Develop and/or disseminate follow-up and after-care post-discharge best practices.</li> <li>• Increase Spanish speaking clinicians.</li> <li>• Provide training or opportunities for service providers to come together to address strengths and needs for improvement.</li> </ul> <p>While most reviewers and agencies were positive about the peer review process, several opportunities for improvement were noted:</p> <ul style="list-style-type: none"> <li>• Proactively provide more clarity on the expectations of the peer review process along with agency forms when sending initial, the request to peer reviewers</li> <li>• Advise peer reviewers to schedule a tour during the peer review visit.</li> </ul> <p>Interest in forming a Peer Review Workgroup to review training materials, and Agency Questionnaires.</p> <p>David Musser, Richelle Madigan, Christal Eshelman, Katie Mirkovich volunteered.</p>
9.	Regional BHAB report: Southwest	1:30pm	Dona Allison	<p>See <b>BHAC FY24 SWWA BHAB Presentation.</b></p> <p><b>Discussion:</b></p> <p>Richelle Madigan: Where are things you identified as priorities, how did they go, and were there any barriers or gaps you encountered. Thinking in terms of bigger, BHAC recommendations we could make to SAMHSA and DBHR?</p> <p>Dona Allison- That is something I would love to take back to my board and ask what trends we are seeing, where do we need more money, etc.</p> <p>Possibly form a Subcommittee around BHABs and organize BHAB collaboration to report to BHAC and also share the highlights.</p> <p>Possible July Meeting for BHAB collaboration meeting.</p>
10.	<p><b>counselor</b> Next steps, review action items, review March agenda items.</p> <p>March Meeting Theme:</p>	2:15pm	Richelle Madigan and Vanessa Lewis	<p>Set aside time to go over 2-3 priorities and discussion around priority 4 and invite HCA/DBHR program staff that oversee those projects/ recommendations.</p>

Workforce/ Peer Certified

**March Meeting: Workforce/Peer Training focus:**  
Look into a BHAB or region that is doing a successful/ innovative Peer program.

Steven Hightower- Peer Counselor presentation success story. Invite to speak on his success story.

Have Another BHAB Present

Look at Turnover Rate, look at burnout, additional supports and training.

Review requirements for Certified Peer Counselors and if there should be increased requirements.

Have action items reviewed at the beginning of meetings for discussion. When the council approves minutes.

11. Adjourn

2:30pm All

### Action Items/Decisions

#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1.	Send out member term information to individual members in January and post the BHAC membership Roster in the BHAC SharePoint with member term information.	Nathan Lusk	1/3/2024		Completed 1/22/2024
2.	Send out a list of meeting options to the Council such as meeting every even month vs odd month, day of the week, and time of the month, along with potential barriers, such as deadlines, scheduling for leadership, etc. for the council to review	Nathan Lusk			Completed 1/25/2024
3.	Block Grant team will provide a list of projects/ awards that have historically been over allocated, to also identify where there is more need and for the council to advocate in those areas.	Kim Wright			Completed, will review at 5/2024 meeting

<p><b>4.</b> Hold a Peer Review meeting to provide recommendations for the 2024 Review Questionnaires, and Trainings.</p>	<p>Nathan Lusk</p>	<p>1/3/2024</p>	<p>Completed 1/22/2024.</p>
<p><b>5.</b> Block Grant and BH-ASO teams will review the contract language currently for BHABS, including requirements for board composition, meeting cadence, review process, and reply to the council</p>			<p>Completed 1/24/2024</p>
<p><b>6.</b></p>			