

**PIERCE COUNTY HUMAN SERVICES
BEHAVIORAL HEALTH ADVISORY BOARD MEETING**

3:00 – 4:28 p.m.

June 21, 2021

Members: Chris Ladish, MultiCare
 Dana Orr, Pierce County Aids Foundation
 Danelle Reed, Kwawachee Counseling
 Elizabeth Grasher, JBLM
 Hayley Smith, Metropolitan Development Council
 Kimberley Bjorn, Elevate Health
 Chief Lauren Wallin, Pierce County Sheriff's Department
 Lovey Offerle, NAMI
 Ronald Brightmon, Recovery Innovations - Absent

Non-Voting Chair: Heather Moss, Director, Pierce County Human Services

Members: Dr. Anthony Chen, Director, Tacoma-Pierce County Health Department
 Tiffany Speir, City of Lakewood
 Vicky McLaurin, City of Tacoma

Staff: Arrika Rayburn, Pierce County Human Services
 Becki Foutz, Administrative Assistant, Pierce County Human Services

Guests: Ahney King, Beacon Health Options
 Andrea Kelley, Pierce County Superior Court
 Carla Clyde, Greater Lakes Mental Healthcare
 Chris Prather, Greater Lakes Mental Healthcare
 Elizabeth Allen, Tacoma-Pierce County Health Department
 Jim Friedman, Co-Occurring Disorder Specialist
 Joe Contris, Community Health Plan of WA
 John Nourse, Pierce County Prosecuting Attorney's Office
 Kristy Lysell, Pierce County Human Services
 Mary Stone Smith, Catholic Community Services
 Richard VanCleave, Kitsap County Human Services
 Tara Zink, Pierce County Human Services

MINUTES

TOPIC/ WHO	DISCUSSION	ACTION
Call to Order/ Introductions	<p>Heather welcomed all to this first meeting of the Behavioral Health Advisory Board! The new 1/10 of 1% behavioral health tax will be collected beginning July 1 - this group will provide the Pierce County Council with information about how to improve behavioral health in Pierce County.</p> <p>Richard VanCleave will be Pierce County's new BH Division Manager beginning in early July! Becki Foutz is first point of contact re: this group. Arrika, Richard and Heather will staff and support the group.</p>	Welcome!

TOPIC/WHO	DISCUSSION	ACTION
<p>Introductions</p>	<p>Lovey Offerle is President of NAMI, Pierce County, one of 19 NAMI affiliates across the State. They provide support and advocacy. Lovey’s happy to be a part of the Board.</p> <p>Danelle Reed has directed Kwawachee Counseling Center for 17 years; she feels honored to be here and would like to help develop a coordinated system of care that serves everyone in Pierce County.</p> <p>Dr. Anthony Chen is Director of the Tacoma-Pierce County Health Department. He’s very excited that this group is getting going. TPCHD considers not just physical health but emotional and BH. He’s looking forward to working with the group.</p> <p>Dana Orr is currently Program Manager at Pierce County Aids Foundation but serves on the Board as an individual. As a suboxone client she has found it quite challenging to navigate the system and wants to help improve it for others.</p> <p>Elizabeth Grasher (goes by Liz) is a licensed marriage & family therapist as well as a yoga teacher, adjunct psych professor and NAMI faculty advisor.</p> <p>Kimberley Bjorn works for Elevate Health with providers; she is a licensed social worker and has her own private practice as well.</p> <p>Chris Ladish is chief clinical officer, pediatric nurse/psychologist at Mary Bridge, and has been there 25 years. She also sits on the Kids MH Pierce County collaborative. Chris has a son with autism and a non-binary child, and she recognizes the importance of serving all and tailoring to individual needs.</p> <p>Hayley Smith is an outpatient services Program Manager and works in withdrawal management at Metropolitan Development Council; she’s relatively new to the area, from the South Carolina/Georgia region. Hayley’s background is primarily with Substance Use Disorders and opioid treatment. She’s looking forward to making larger scale improvements to the County’s BH system.</p> <p>Chief Lauren Wallin is Chief of Staff at the Pierce County Sheriff’s Department and oversees contracts and grants.</p> <p>Tiffany Speir works at the City of Lakewood, which has a very diverse population, and as host city to JBLM, lots of military families.</p> <p>Richard VanCleave, most recently from Kitsap Human Services, noted that an advisory board to a program like this is key - his initial goal is to learn a lot from the Board members. Pierce County has done much work over the last couple of years. Richard got his start in Pierce County; he’s a licensed MH counselor, worked with Greater Lakes Mental Healthcare, Pierce County RSN, and on the crisis team as a Designated Mental Health Professional. He’s also worked for the Health Care Authority on federal programs, various MH waivers and parity issues, rate-setting, etc. He thanked everyone for being part of the Board.</p>	

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BH Updates	It's very exciting that we'll begin collecting the tax July 1 - the legislation was passed back in December by the County Council. We'll be receiving revenue - this group will make recommendations on spending.	
Meeting Time/Cadence	The group agreed to meet monthly for 90 minutes to two hours. Does this time and day work, generally?	Becki will work with the group to schedule future meetings.
Purpose & Role of BHAB	<p>The general theme is learning, bringing together people with expertise in their fields. Everyone brings something to the conversation. PCHS now has ten different advisory boards and approximately 250 staff. Government are not experts on many services that they provide, so it's very important to get input and advice on the work they do. Richard and his team will likely take the lead on writing the Behavioral Health Improvement Plan (BHIP). There will be plenty of substantive conversations at this table, but the Board members won't be burdened with writing the plan itself. Does anyone have thoughts on the role of the advisory board or desire clarification?</p> <p>Chris said it would be helpful to hear from other Boards, to see what they've achieved and what this Board can learn from them. She would like to make these meetings as effective as possible, making good use of the time. Richard suggested creating subgroups such as an RFP subcommittee. There are two main issues to explore: how to spend the 1/10 of 1% tax, and Medicaid issues, etc. The County anticipates receiving \$12M/year through this BH tax. It sounds like a lot, but this system has great needs. The power here is talking about the larger system.</p> <p>Lovey liked Elizabeth's chat suggestion of adopting a mission statement. Heather's appreciative of the partnership we have with other cities, like Tacoma and Lakewood. How can we engage with some of the smaller cities as well? There may be another ordinance coming to incorporate some of them. Dr. Chen noted that the original ordinance had a slightly different focus. How do we expand the scope if desired; would new legislation be required? Heather's understanding is that this group is to work on the entire BH system, beyond a specific task. If there's constraining language in the Ordinance then, yes, we would need to have it amended.</p>	

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<p>Background of Regional System of Care Committee (RSCC)</p>	<p>Arrika provided a PowerPoint presentation on the <i>Strategic Plan for BH System Improvements</i> that she had shared in advance with Board members. The RSCC was created by the Integration Oversight Board in the Fall of 2019. Members were drawn from MH, SUD, healthcare, government, and payer communities of Pierce County. The report breaks BH services out into: Community Education; Prevention and Early Intervention; Outpatient Treatment; Community-Based/Wraparound Services; Crisis and Inpatient Treatment; and Justice-Involved Services.</p> <p>Principles:</p> <ul style="list-style-type: none"> • Investments should be evidence-based and advance change not supported by current payment structures. • Spending and outcomes should be tracked and reported transparently. • The most vulnerable populations should be priority. • Focus on improvements best suited to the regional level. • Maximize leveraging of other community resources and align with the ACO pilot and data strategy collective. • Balance need for immediate service delivery with the need for increased investments in prevention. • Prioritize existing programs without sustainable funding sources. <p>Investment categories:</p> <ul style="list-style-type: none"> • Improving access to care, • Increasing prevention and early intervention, • Less restrictive alternatives for people with SMI, • Increasing availability of respite services, • Services for justice-involved individuals. <p>Outcomes indicative of system change:</p> <ul style="list-style-type: none"> • Suicide rates, • ED utilization rates for adults and youth, • Inpatient recidivism/readmission rates to hospitals, psych hospitals and E&Ts, • Jail utilization and • BH referrals received by 211 in coordination with family resource navigators, including BH symptoms and care needs. <p>Danelle would like to see supportive housing included under investment categories. Dr. Chen would like to measure distress and despair, in addition to suicide rates.</p>	<p>Heather invited comment on the presentation.</p>

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<p>Behavioral Health Improvement Plan (BHIP) /Discussion</p>	<p>This group will present an improvement plan to the Council later this year. The BHIP will cover six years and will be a working document, open to revising as appropriate to best serve the BH population.</p> <p>Elizabeth noted that it's taking two to three months to get into BH services - how can we shorten the timeframe? Chris pointed out that the access to care path needs to be expanded so families don't have to work so hard to figure out how to get services. Richard agreed that access to care is a huge issue; we need to land on really clear metrics to show that we're making a difference.</p> <p>Vicky added that a lack of mental health professionals is a statewide problem. The City of Tacoma is looking at people who present for treatment and how many of them adhere to it and stick with it.</p> <p>If we build up hospital beds, then the rate will increase. Heather noted that Human Services will also be hiring a BH data analyst who will help inform this process in coming up with clear metrics. Elevate Health has some data; Kimberley noted that it's tricky to obtain. She suggested developing a charter as well as a mission statement.</p> <p>Lovey reported that she'd like to be sure that homeless outreach is done. Heather agreed that BH symptoms permeate many other areas.</p>	<p>Discussion</p>
<p>Meeting Frequency</p>	<p>Dr. Chen's excited about the energy in this group. He feels we may need to meet more frequently than every other month if we want to best address access and the other issues raised. Hayley agreed.</p> <p>Kimberley suggested that we "bucket" things and create phases, so people don't become overwhelmed. She added that we need to set the stage for expectations of the community around funding. We need to be proactive about what we communicate. Heather agreed that "ask" procedures should be defined by the plan. Vicky added that the RCW is very specific about what the funding may be spent on. Richard wants to have a strong, consistent RFP process. Heather reported that the County and Exec are working on the budget for the next biennium so she and Richard will work out what's needed from this group to pass along to the Council moving forward.</p>	<p>The meetings will be scheduled monthly and may reduce frequency in the future.</p>

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Mission Statement	Heather invited the group to share, in chat or verbally, pieces/words to craft a mission statement. Brainstorming yielded: <i>Accessible, equitable, inclusive, open hands, comprehensive, coordinated, barrier removal, culturally competent, recovery-oriented, wellness, responsive, crisis, compassion, care, holistic, strength-based, encompassing the whole person, non-stigmatizing, client-driven.</i>	HS staff will draft a mission statement to present for review at the next meeting.
Comment	How should public comments be incorporated into this Board? At the beginning or end or just allow the public to listen and provide comment in written form at another time? Tiffany suggested written, and if there's ever a point in which decisions are made by this group, perhaps allow for public comment. Hayley is in favor of public comment; the group should have engagement and collaboration. Dr. Chen pointed out that this goes back to the mission statement. Jim Friedman would like to be able to make comments and not have to submit them in writing.	
Good of the Order	Heather invited the group to make any final comments. Jim advised that as an attendee (not a panelist like Board members and staff) he couldn't control his muting and unmuting; he introduced himself as a lapsed bureaucrat, formerly working in co-occurring disorders. He also pointed out that attendees can't see the chat.	Meeting chat will be saved and included with future meeting minutes.
Adjournment	The meeting adjourned at 4:28 p.m.	

The next *Behavioral Health Advisory Board* meeting is TBD.

Respectfully submitted,

Becki Foutz
 Administrative Assistant