

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

3:00 – 4:13 p.m.

August 16, 2021

Members: Chris Ladish, MultiCare
 Dana Orr, Pierce County Aids Foundation - Absent
 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

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: Richard VanCleave, BH Manager, Pierce County Human Services
 Arrika Rayburn, BH Program Specialist, Pierce County Human Services
 Becki Foutz, Administrative Assistant, Pierce County Human Services

Guests: Elizabeth Hickman, Pierce County District Court
 Jim Friedman, Co-Occurring Disorder Specialist
 Joe Contris, Community Health Plan of WA
 Steve O'Ban, Pierce County Executive's Office

MINUTES

TOPIC/ WHO	DISCUSSION	ACTION
Call to Order/ Welcome	Heather welcomed all and called the meeting to order at 3:04. Roll was called.	Welcome!
July Minutes Approval	Chief Wallin moved that the 7/19 minutes be accepted as presented. The motion was seconded. Heather asked if there were any questions or comments? None. Members voted and the motion was passed.	Minutes of the 7/19 meeting were approved.
Agenda Review	Heather reviewed the agenda and asked if anyone had anything to add. None.	

TOPIC/WHO	DISCUSSION	ACTION
<p>Public Records Training</p>	<p>Heather just completed Public Records Training and acknowledged that it can be painful! Arrika explained that Pierce County Board members are required to complete some public records training; after the meeting she will send links to the members so they can complete it. Arrika will also send the Pierce County Board Member handbook and checklist. The trainings are supposed to be done 90 days after becoming a Board member so Arrika asked if members could please complete it soon. She asked if there were any questions. Dr. Chen completed the training a few years ago; does he need to do it again? Arrika will look into that. Vicky asked if the training requirement applied to non-voting members. Yes.</p> <p>Heather explained that this is a public meeting and asked members to keep communications among themselves to include staff.</p>	<p>Please keep an eye out for the training links and complete the training. If you have any problem accessing the training, please contact Arrika.</p>
<p>Mission Statement Finalization</p>	<p>Arrika sent an updated draft of the mission statement to members a week or so ago. She has modified it per the feedback she received:</p> <p>Arrika invited members to comment on the newest version of the mission statement. Chris wondered about the word “by” - does promoting mental wellness make services accessible? Lovey liked the first version of the mission statement that includes the word “equitable.” Dr. Chen and Danelle provided input/wordsmithing as well.</p> <p>Following meeting input, the mission statement looked more like this:</p> <p><i>Our mission is to build an accessible, coordinated, and equitable behavioral health system that promotes overall wellness and provides effective behavioral health services so all Pierce County residents can live their best lives.</i></p>	<p>Arrika will provide another draft at next month’s meeting.</p>

TOPIC/WHO	DISCUSSION	ACTION
<p>BH Tax Program Planning Update - Richard VanCleave</p>	<p>We're ahead of schedule!</p> <p>Update on Behavioral Health Improvement Plan (BHIP)</p> <ul style="list-style-type: none"> • The BHIP will include spending priority recommendations for BH Tax Funds. • Previous timeline included a request for interim priorities based on survey results; we now believe we can have a draft to the BHAB sooner, eliminating the need for interim priorities! • This does not impact currently funded programs the Board voted on last month. 	
	<p>Timeline</p> <p>Prior to 8/20/21 - Finalize draft BHIP (includes survey results)</p> <p>8/20/21: Send draft BHIP to BHAB</p> <p>9/1/21: Written responses from BHAB due</p> <p>9/10/21: Send final draft to BHAB in preparation for discussion and vote</p> <p>9/20/21: BHAB Meeting: discuss and vote on BHIP</p> <p>October-November 2021: Seek County Council approval of BHIP</p> <p>Early 2022: Release RFP for projects based on needs identified in the BHIP</p>	
	<p>BHIP Contents</p> <ul style="list-style-type: none"> • Pierce County's BH system - current status and vision for the future • BH Forecast: <ul style="list-style-type: none"> ○ Current programs ○ System gaps • BH Plan <ul style="list-style-type: none"> ○ General principles and strategy ○ Funding priorities and metrics ○ Other priorities (e.g., advocacy) • Appendix: Inventory of BH providers <p>The BHIP incorporates information from RSCC, HRSI and input from this Board. Besides funding, what should we be advocating for, in the community? Richard stated that there would be quarterly reports to the Board.</p> <p>Heather pointed out that the BHIP document the Board members will receive will be a draft, and members will have opportunity to provide input on strategies and priorities.</p>	

TOPIC/WHO	DISCUSSION	ACTION
<p>BH Tax Program Planning Update - Richard VanCleave, continued</p>	<p>Dr. Chen gave Richard Kudos on his quick progress! He also shared that the Health Department is concerned by the numbers of those with BH issues. Do we have any data to generate figures of ARPA funds needed? We should hop on board while funds are available. Dr. Chen asked Vicky if the City of Tacoma is working on that? Vicky reported that the City is using ARPA funding for food and housing instability. Richard responded that yes, the BHIP will be useful for all types of funding requests. It will identify needs and strategies, not dollar amounts.</p>	<p>Richard said that the Power-Point presentation will be shared with the group as requested.</p>
<p>BH Needs Survey: Initial Themes - Arrika Rayburn</p>	<p>A little over 60 responses were received, from a wide array of BH and social service sectors. 15% SUD providers, 30% MH providers, 23% with lived experience, 15% law enforcement/first responders, 20% community advocates and 35% other social service/public health workers. (Arrika acknowledged that this does not add up to 100%.) The results are not what she's recommending, simply reporting the responses at this point. Below are some of the needs expressed via survey responses:</p> <p>Crisis & Inpatient Services:</p> <ul style="list-style-type: none"> ○ More voluntary/involuntary inpatient beds ○ Available resources other than Emergency Departments ○ More youth SUD services ○ 3.7 level of care ○ Increase number of DCRs ○ Long-term beds for youth ○ County facility for those in drug-induced psychosis <p>Access to Services</p> <ul style="list-style-type: none"> ○ Single access point for BH services to navigate, refer, make appts and see client history and treatment plan ○ Access to services for those with Medicare and private insurance ○ Increase provider collaboration across the care continuum <p>Workforce Development</p> <ul style="list-style-type: none"> ○ Need more providers, especially from diverse cultural backgrounds ○ Need more psychiatrists and prescribers ○ Increase pay for BH workers of all levels ○ Significant national investment in recruitment workforce development 	

TOPIC/WHO	DISCUSSION	ACTION
<p>BH Needs Survey: Initial Themes - Arrika Rayburn, continued</p>	<p>Outpatient and Community BH Services</p> <ul style="list-style-type: none"> ○ More in-person services (less telehealth) ○ Timely medication management ○ More follow-up and case management for chronically mentally ill ○ More long-term and wraparound services including WISE programming <p>Housing and Support Services</p> <ul style="list-style-type: none"> ○ Increase housing stock for those with BH struggles ○ Fund services for affordable housing <p>Justice-Involved Services</p> <ul style="list-style-type: none"> ○ Bolster BH and law enforcement partnerships ○ Increase programs that divert those with BH struggles from interaction with law enforcement to appropriate treatment <p>Wellness, Prevention and Early Intervention</p> <ul style="list-style-type: none"> ○ County-wide screening and intervention for school-age youth ○ Invest in early life services as prevention ○ Fund evidence-based prevention initiatives <p>Community Education</p> <ul style="list-style-type: none"> ○ MH awareness taught in schools ○ Support anti-stigma and BH education campaigns, especially for bilingual, BIPOC, LGBTQ and disability populations ○ PCPs trained in BH to perform appropriate screening, referrals, and education <p>Other topics</p> <ul style="list-style-type: none"> ○ Scale up successful programs and pilot projects ○ Address physical and BH co-morbidities ○ Fewer surveys; less talk, more action ○ Need an aligned strategic plan that addresses whole person health 	
	<p>Heather noted that it will be a challenge for this group to prioritize spending as the survey illustrates the great need.</p> <p>Chris, from the pediatric perspective, is thinking about inpatient services. Is inpatient the way to go? We don't have intensive outpatient or partial hospitalization services for youth in Pierce County. She suggested looking at some of these buckets and perhaps have a spreadsheet that shows who is currently providing these types of services and perhaps could take it to a higher level with more funding.</p>	

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<p>BH Needs Survey: Initial Themes - Arrika Rayburn, continued</p>	<p>Wellfound only treats adults. All we have for youth is the adolescent BH health unit at Tacoma General and they don't treat autism, eating disorders, etc. Chris called each hospital across the state to see if they had plans to increase bed capacity for youth in the next five years and none did. Mary Bridge will have its own Emergency Department and an 8-bed crisis unit; they anticipate no children's inpatient MH beds in the foreseeable future. Dr. Chen pointed out that because there are physical beds doesn't mean they're accessible beds. He understands that Wellfound, for example, is not admitting people based on their insurance. The metrics should be how quickly people can get into a bed, and back out when ready.</p> <p>Lovey agreed with Dr. Chen that NAMI gets calls every day from people who have been turned away from Wellfound; there's something wrong there. NAMI has used Joel's Law to help people get admitted.</p> <p>Richard asked that when Board members review the BHIP, to please send comments about things they see as needed that are not listed in the plan.</p> <p>Vicky agreed that more DCRs are needed; the City of Tacoma has been trying to hire some and there's currently a significant shortage. Chief Wallin has nine positions for DCRs and they have only been able to hire five due to the shortage. It's risky to pledge to have more of particular services due to the shortage.</p>	
<p>Update on Currently Funded Programs - Arrika Rayburn</p>	<p>Currently Funded Services</p> <ul style="list-style-type: none"> ○ <u>Cohen Veterans Clinic</u> - \$275,000 - contract is fully executed; services began July 2021, providing outpatient BH treatment for veterans, active duty military and their families. Funding pays for services not funded by other means, tracking self-reported outcomes such as PHQ-9 improvement. ○ <u>School-based services</u> - \$945,000 awarded to two separate providers, Consejo and Comprehensive Life Resources; services will begin September 1; providers are working on staffing and training, services include navigation, engagement and treatment for non-Medicaid youth, in nine targeted school districts: Peninsula, Eatonville, White River, Orting, Carbonado, Dieringer, Steilacoom, Puyallup and Sumner-Bonney Lake; outcomes are still under development but will include DLA-20 assessments. 	

TOPIC/WHO	DISCUSSION	ACTION
<p>Update on Currently Funded Programs - Arrika Rayburn, continued</p>	<p>Heather asked if there was any more questions or comments about Richard and Arrika’s presentation? None.</p>	
<p>Good of the Order</p>	<p>Heather noted that there’s been an ongoing conversation about public comments at this Board meeting; Heather would like public comments to be submitted in writing to Arrika or Becki. Also, anyone listening is always welcome to contact Heather, Arrika or Richard with concerns/input.</p> <p>Vicky asked if attendees can see our Chat - not unless when chatting it’s directed to “Everyone,” however, the chat is saved and included with meeting minutes.</p> <p>Logistics of meetings - there was also a question about sending substitutes. No, only because some Board members represent organizations but others represent only themselves so Heather would like to keep it as equitable as possible and simply not allow substitutes.</p> <p>Heather asked if there was anything else for the Good of the Order. None.</p> <p>Richard will email the BHIP to the Board members. After the Board looks at it and approves it, it will be posted on the website.</p> <p>Dr. Chen noted that there’s a precedent of working with the public sector, for example, to access vaccines for children. He’s wondering if the conversation could include insurers? Richard responded that that’s a great idea - we should have MCOs come to the table. This can be included in the plan strategy.</p>	<p>Please submit public comments to Arrika or Becki.</p>
<p>Adjournment</p>	<p>The meeting adjourned at 4:13 p.m.</p>	

The next *Behavioral Health Advisory Board* meeting is scheduled for Monday, September 20, 2021, at 3:00 p.m.

Respectfully submitted,

Becki Foutz
 Administrative Assistant

Chat from 8/16 Behavioral Health Advisory Board Meeting

From Danelle Reed to All Panelists: 03:16 PM

overall wellness

From Joe Contris-CHPW to Everyone: 03:18 PM

Live life to their fullest

From Tiffany Speir, City of Lakewood to All Panelists: 03:22 PM

can we get Richard's slides emailed to us?

From Danelle Reed to All Panelists: 03:28 PM

BRB grabbing water :)

From Lovey Offerle to All Panelists: 03:29 PM

Yes, would love to get a copy of this slide deck. thanks!

From Chris Ladish, PhD (MB Children's) to All Panelists: 03:35 PM

youth in Pierce