

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

8:30 – 8:52 a.m.
October 25, 2022

Members: Aphrodite Sauser, Representing Elevate Health - present
Chris Ladish, Representing Hospital Systems – present
Danelle Reed, Representing MH/SUD – present
Elizabeth Grasher, Representing Veterans - excused
Hayley Smith, Representing Evaluation & Treatment/Detox - present
Jeannie Larberg, Representing Rural Communities - excused
Jeremiah Dunlap, Representing Lived Experience - excused
Kimberley Bjorn, Representing Rural Pierce County - present
Chief Lauren Wallin, Representing Law Enforcement/EMS - excused
Lovey Offerle, Representing Advocate Agency (NAMI) - present
Tara Rodriguez, Representing Lived Experience - excused

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

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

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

Guest: Anika Moran, Special Advisor to the Director, Pierce County Human Services

MINUTES

TOPIC/ WHO	DISCUSSION	ACTION
Call to Order/ Welcome	A quorum was present.	Thank you for fitting this special meeting into your schedule!
LEO Project – Randomized Control Trial – Richard VanCleave	Richard explained that this special meeting was called to discuss the extra funding request for the BH shelter services project. The previously approved project was selected by the Notre Dame Lab for Economic Opportunity (LEO) as the subject of a randomized control trial (RCT) research study. This will require additional funding, including for additional clinical services, allowing for project expansion. LEO needs to know if the County and Comprehensive Life Resources (CLR) are on board to begin the project on January 1. Anika’s the lead on the project and is here to explain more about the project.	Informa- tional

TOPIC/WHO	DISCUSSION	ACTION
<p>LEO Project – Randomized Control Trial- Anika Moran</p>	<p>Anika’s quite passionate about this project – she believes that RCTs help us know what works for people. This RCT will randomize who gets BH services in shelters, and by randomizing we can compare groups that received the services against those who didn’t. We expect about 1000 people to go through the trial. This is one of the only ways that we can understand outcomes. It’s difficult to run this trial in a social program; thus, LEO and CLR are helping. Work on social program using RCTs allow us to identify barriers. People are impacted differently by different interventions. We want to ensure that all have equitable access to services, especially those who need them the most. We do know that RCTs aren’t always the answer, they aren’t “one size fits all,” but it does make sense in this situation. Regardless of the study, there will not be sufficient services for all who need them. LEO’s an expert in RCTs, and CLR will work closely with LEO to train CLR staff as well as homeless shelter staff. The consent form is currently being reviewed by the state.</p> <p>The research trial will be published and provide valuable evidence about why this program works. RCTs have so much potential to allow us to be more impactful with our funding. It will identify why the services work, and for whom they work. Without the outcome evidence, it’s hard for us to say if or why something works. Anika believes RCTs are a powerful tool. Part of the reason LEO wanted to work with us on this project is that they’ve also been working with providers and communities on how to identify valuable and innovative projects. Providing BH services in shelters is a huge point of interest and this would be one of the first such studies in the nation, so could potentially help SO many people.</p> <p>Anika opened for questions.</p> <p>Heather added that the study would allow us to validate the investment in these services, to provide justification to our funders (Council and Exec) to continue the work here, as well explore replicability across the state and country. It does cost money to do the RCT.</p> <p>We need a vote and should have some discussion. Kim must leave before 9:00. The ask is \$123,035.50. If anyone’s interested, we do have additional funding and anticipate more.</p>	<p>Informational</p>

TOPIC/WHO	DISCUSSION	ACTION
<p>LEO Project – Randomized Control Trial- Anika Moran, continued</p>	<p>Kimberley asked about the available funding that’s not being used – how much of it would go towards this ask. Richard said there’s \$1.1M, and could be more.</p> <p>Chris asked if there would be a process to open up the program, vet and allow others to participate. Also, are there periods in which data will be gathered and analyzed, and is there a process for course correcting if we’re not getting the desired outcomes?</p> <p>There will not be course correction, unless it’s determined that the services are doing damage. It will take one year to do the study. They will get data from HMIS, Social Security and coordinated Medicare/Medicaid, to look at various aspects of how the interventions affect people, including emergency room usage, and other things.</p> <p>Heather asked if there were additional questions?</p>	<p>Discussion</p>
<p>Vote</p>	<p>Kim moved to approve the additional funding. Lovey seconded the motion.</p> <p>Heather invited more questions?</p> <p>Chris asked if the funding would allow participation in the research and looping in the data, and not serving more people? In partnership with LEO, we determined the minimum number of participants needed in order to analyze RCT results. We know that it will take about a year’s worth of services, based on the flow of clients. The additional funding would add 1.5 additional clinical staff. Taffi added that the total cohort number is larger than first anticipated for the program and we’ll need to maintain the cohort in the clinical group, thus they’ve doubled the clinical staff.</p> <p>The vote was held – all indicated in favor.</p>	<p>The motion was approved; the additional funding will be provided.</p>
<p>Adjournment</p>	<p>Heather asked if there was any more business. Seeing none, the meeting was adjourned at 8:52.</p>	<p>Thank you!</p>

The next *Behavioral Health Advisory Board* meeting is scheduled for Monday, December 19 at 3:00 p.m.

Respectfully submitted,

Becki Foutz, Administrative Assistant