

Whatcom County Behavioral Health Advisory Committee (BHAC)
Meeting Minutes

Meeting Date/Time/Location: January 08, 2018 3:30 p.m. to 5:00 p.m., Whatcom County Courthouse Room 514, 311 Grand Ave, Bellingham

Members Present: Barbara Brenner, Bill Elfo, Dac Jamison, Susan Wood, Regina Delahunt, Chris Phillips, Wendy Jones, Dave Reynolds, David Kincheloe

Members Absent: Darrin Hall

Health Depart Staff/Guests: Anne Deacon, Health Department Human Services Manager; Perry Mowery, Health Department Human Services Supervisor; Chris D’Onofrio, Health Department Clerk; Joe Fuller, Health Department Prevention Specialist; Jackie Mitchell, Health Department Behavioral Health Program Specialist; Rebecca Snearly, Health Department Prevention Specialist; Alyssa Pavitt, Health Department Prevention Specialist; Judy Ziels, Health Department Community Health Public Nurse Supervisor; Rob Sullivan, Pioneer Human Services; Ann Beck, WWU Veterans Services

Agenda Item	Discussion	Action/Who
1. Welcome and Introductions	Vice-chair Regina Delahunt begins meeting at 3:35	Ms. Delahunt calls meeting to order
2. Approve Minutes of September 2017	Barbara Brenner moves to approve the September ’17 minutes. Dac Jamison seconds motion. All in favor, none oppose.	Vote to approve minutes: Ayes 7, Nays 0, Abstain 2 (David Kincheloe and Dave Reynolds)
3. Behavioral Health Tax Code Update	BHAC was created when ordinance 2017-124 repealed and replaced Whatcom County Code (WCC) 2.44 and amended WCC 3.37. The ordinance added focus on families and young children.	Perry Mowery
4. Perinatal Mental Health	Judy Ziels reports that the impact of perinatal mood and anxiety disorders (PMAD) extends beyond the immediately afflicted and reaches families as well. Depression is most common, but anxiety is being seen more and more. “Perinatal” refers to the timespan of pregnancy through the first year after birth. See handout for more information about PMADs. <ul style="list-style-type: none"> • Several opportunities to collaborate are identified: <ul style="list-style-type: none"> ○ Courts: <ul style="list-style-type: none"> ▪ Family Treatment Court 	Judy Ziels Chis Phillips arrived and began to Chair the meeting

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Parent to Parent coordinator would be a good liaison; monthly “Dependency 101” workshops could reach significant audience ○ Whatcom County Jail <ul style="list-style-type: none"> ▪ Request for trainer to teach nurses how to administer the PMAD screening tool for pregnant women at the jail • Health department’s training budget could fund training mental health practitioners to increase understanding of perinatal mental health concerns <ul style="list-style-type: none"> ○ Perinatal Support Washington is an advocacy organization that provides education for treating PMADs. They developed a coaching curriculum for mental health practitioners to improve their expertise in PMADs. This will increase number of providers that identify as having expertise around PMADs ○ Health department may award scholarships for this coaching program to practitioners who accept Molina / Apple Health insurance with expectation that they offer PMAD services ○ May also have a community-wide training for larger audience of service providers to increase basic awareness/understanding of PMADs. Will include specific training for primary care providers who provide prescriptions for women experiencing PMADs. • Peer support training using “family circle” program could expand, but a continuing shortage of providers moving forward is still expected • Joe Fuller adds that opioid use disorders in adulthood are much more likely if an individual was exposed to four or more Adverse Childhood Experiences (ACEs) as a child, such as household mental illness, emotional abuse, and emotional neglect among others. 	
<p>5. Prevention: Introduction s to New Prevention Staff</p>	<p>Prevention programs aim to reduce substance use and promote mental health and wellness</p> <ul style="list-style-type: none"> • Work is done through partnerships with county’s seven school districts, and prevention coalitions in high-risk areas that have capacity <p>The work at health department is done by three key staff members:</p> <ul style="list-style-type: none"> • Joe Fuller, certified nationally and internationally as a prevention specialist • Alyssa Pavitt, regional youth marijuana prevention specialist • Rebecca Snearly, replaces Amy Hockenberry as prevention specialist focusing on Ferndale 	<p>Anne Deacon</p>

**6. Youth
Marijuana
Prevention
&
Education
Program**

In 2012 marijuana was legalized in Washington State. Retail stores began opening in 2014 (the first was in Whatcom County). The Washington State Dept. of Health began funding 10 regional marijuana prevention programs in April 2016 through marijuana tax dollars. Whatcom County receives approximately \$360K per year as the lead for the North Sound region covering Whatcom, Skagit, San Juan, Island, and Snohomish Counties.

- As regional leader, Ms. Pavitt's job is to create a 5-year strategic plan (due in March) and to coordinate with other representatives and partners throughout the five-county region
- Funding for the program allows spending on policy, systems, and environmental changes, as well as media/education campaigns and professional development trainings for coalitions, schools and community partners. The program aims to fill gaps in need from other prevention programs
- Potential priorities for the five year strategic plan include:
 - Developing capacity and building a regional network
 - Reducing youth access to marijuana through education, social norming campaigns, work with retailers, and messaging to parents
 - Supporting schools in updating substance use policies
 - Changing attitudes about use among youths with increased knowledge of harms/laws
 - Increasing healthy and pro-social activities among youth
- The fact that Whatcom was chosen to be the lead of the program speaks well of the county's prevention team and past successes
- Funding is specific to marijuana prevention, but it can also be used to support campaigns that address multiple substances, i.e. Whatcom Families prevention campaign that covers marijuana, alcohol, tobacco, and other drugs

Alyssa Pavitt

<p>7. Secure Medicine Return, Mt. Baker Community Prevention and Wellness Initiative</p>	<p>The Opioid Response Plan (pages 20-25 of the packet) gives an overview of efforts underway. Note that local activities promote large statewide initiatives. Three workgroups formed to work towards goals 1 and 3 (page 23); workgroups were later combined into two: Marketing and Safety & Naloxone. The target audience of both groups is very broad, including pharmacists, parents, and active drug users</p> <ul style="list-style-type: none"> • Outreach campaign underway (WhatcomHasHope.org) with social media toolkit and public advertising; please share with your networks too <ul style="list-style-type: none"> ◦ Information is distributed about what an opiate “is”, how to recognize overdose, Good Samaritan law protections, where to find naloxone, medicine inventory tracking sheet • Lock bag distribution pending- to promote awareness of dangers, reduce theft • Local rates of opioid use <ul style="list-style-type: none"> ◦ 227 patients per 1,000 in Whatcom (22.7% of residents have opiate prescription) ◦ 857 prescriptions per 1,000 people (many have more than one prescription) ◦ Washington State Dept. of Health tracks data, reports to local health jurisdictions <ul style="list-style-type: none"> ▪ Does this info/feedback get to the prescribers (doctors, dentists, veterinarians)? ▪ Many state agencies are working to improve use of data, but at this time there is no formal mechanism to relay information to prescribers • Concern of committee that doctors are not part of the conversation ◦ For April meeting, more data is requested on the nature of the prescriptions, compliance with surgeon general’s guidelines, and information about how that data is tracked/reported to physicians • State Department of Behavioral Health and Recovery received \$11M federal grant to focus on variety of opioid-related work, established five new coalitions within Washington State to focus on prevention, one of those sub-grants was awarded to us <ul style="list-style-type: none"> ◦ About \$200K funds formation of a coalition in Mt. Baker School District, which began in October and is doing well. Award includes full time coalition coordinator and a 1.0 FTE drug/alcohol counselor (generally a Chemical Dependency Professional, Master-level Social Worker, and/or a Certified Prevention Specialist) in the school. This is the last school district in Whatcom County to fill this position • County Council recently passed pharmaceutical stewardship ordinance which requires pharmaceutical manufacturers to pay for take-back programs at pharmacies 	<p>Joe Fuller</p>
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8. Legislative Update & 2018 Budget	<p>Ms. Deacon reports that the State's 60-day legislative session began today</p> <ul style="list-style-type: none"> • 2017's unpassed capital budget includes request for \$7M for triage center upgrades • New legislation on opiate prescription standards, especially for Medicaid recipients, that reduce quantity of pills per prescription will be introduced • Push to eliminate sunset of document recording fees that would end key revenue source for homeless housing services <p>2018 budget document (handout) shows behavioral health funding sources and strategies:</p> <ul style="list-style-type: none"> • Local funding (from sales tax and millage/property tax) makes up the bulk of revenue • State/Federal funding contributes to housing programs and staff expenses; the funding for staff is likely going to need a new source (probably local) in the coming years as health care transitions away from Behavioral Health Organizations to Managed Care Organizations • Funds from Washington State for marijuana programs total about \$638K <ul style="list-style-type: none"> ◦ 2018 budget does not reflect potential impact from federal policy changes regarding status of marijuana • Substance abuse prevention and school-based mental health funding (federal) totals \$557K • Many programs utilize multiple funding sources to fill gaps and add capacity 	Anne Deacon
9. Homeless Strategies Workgroup	<p>County Council passed a resolution to work with partners (especially City of Bellingham) to create workgroup that identifies strategies to address homelessness crisis</p> <ul style="list-style-type: none"> • Health Department has budgeted over \$1.4M for housing support services in 2018 from Behavioral Health Program Fund. More than \$3 million comes from housing dollars. <ul style="list-style-type: none"> ◦ Some of the strategies will require funding, however the health department's 2018 expenditure priorities are already set ◦ Housing providers are eager to add case managers to respond to the complex issues that have been identified with their clients • Among the first priorities for the group is to identify a location for a new low-barrier shelter 	Anne Deacon
10.	<p>11. Ann Beck, Associate Director of Veterans Services at WWU has applied to join the committee and her name has been submitted to the county for consideration</p>	
12.	<p>13. How can the health department better collect advice from this advisory committee?</p> <ol style="list-style-type: none"> a. There must be a balance of presentation of information at the meetings to inform the committee members as well as allowing for feedback - this to be worked on by Chris Phillips and, Jackie, Health Department staff to the committee b. Please highlight the important components that committee members can bring back to their respective organizations <p>14. Please bring issues to consider for future agendas to Jackie Mitchell</p>	Chris Phillips

15. Public Comment	o There was no Public Comment	
	Meeting adjourned at 4:55 PM	Chris Phillips
Next Meeting :	Monday, April 2, 2018 3:30-5:00PM 311 Grand Avenue Whatcom County Courthouse Room 514 Bellingham, WA	



Whatcom County
HEALTH
 Department



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