Behavioral Health Disparities Advisory Committee

Governor's Interagency Council on Health Disparities May 2, 2012 Meeting Minutes

Advisory Committee Members Present:

Glenn Baldwin, Co-Chair Victor Chacón, Co-Chair Edith Elion (phone) Sandra Gonzalez Graham (phone) Tory Clarke Henderson Winona Hollins-Hauge (phone) Stephen Kutz Diane Narasaki (phone) Mario Paredes (phone) Christine Yuodelis-Flores (phone)

Guests:

Hank Balderrama, Committee Consultant Janet St. Clair, ACRS

Staff:

Christy Hoff

Action Items:

- Tory agreed to work on a recommendation around peer supports and care coordination.
- Hank, Janet, Diane, and Winona will work on a recommendation around certifications.
- Christy will begin drafting the committee's policy paper and will work with Glenn, Victor and other committee members on proposed recommendations.

1. Welcome and Introductions:

• <u>Victor Chacón</u> facilitated the welcome and introductions. He reviewed the agenda, meeting goals, and agreed-upon phone etiquette norms.

2. Review Comments and Finalize Areas of Focus:

- <u>Glenn Baldwin</u> reminded committee members that the goal of this agenda item was to narrow the committee's scope by defining specific areas of focus and that later in the day, we would start brainstorming language for recommendations.
- <u>Diane Narasaki</u> and <u>Janet St. Clair</u> grouped the health reform implementation areas into categories: data, qualified health homes, care coordination, access and engagement.
- Committee members discussed how the reorganization of RSNs could be merged with health reform implementation.
- <u>Tory Henderson</u> agreed with the way <u>Diane</u> and <u>Janet</u> had organized the topics but thought care coordination could be integrated beyond behavioral health and primary care.
- <u>Winona Hollins-Hauge</u> suggested choosing a few areas of focus and then coming up with a single recommendation for each. She observed that veterans and Tribes were two populations that could be areas of focus.
- <u>Steve Kutz</u> said many Tribes are creating holistic systems but that some services are still be provided by the RSNs and better coordination is needed.
- <u>Hank Balderrama</u> suggested that recommendations need to be focused, feasible, and strategic. He said it looked as if the group had already identified its areas of focus: health reform implementation and workforce development. He added there may be ways to combine some of the other issues.

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- Glenn asked if there was consensus to work on those two areas. <u>Tory</u> agreed but added that the scope of the workforce issue should not be limited to diversity, but should also include efforts to improve cultural competency.
- <u>Diane</u> agreed to focus on the two areas. She also agreed with Hank's comments about having focused, feasible, and strategic recommendations.
- Committee members indicated general agreement to focus on health reform implementation and workforce development.

3. Discuss Past Recommendations on Related Topics:

- The group read through the Council's recommendations about insurance and workforce diversity. <u>Glenn</u> said this committee could add value by focusing specifically on behavioral health system reform and the behavioral health workforce.
- Members agreed to reaffirm previous related recommendations from the Health Disparities Council and to build on them with specifics related to behavioral health.
- Members read through other related recommendations, such as those in the Office of Minority Health's Stakeholder Strategy for Achieving Health Equity.
- Glenn said we have two meetings to develop and refine recommendations
- Winona suggested setting a goal that May 30 be our last meeting.

4. Brainstorm Recommendations:

- Committee members shared possible recommendations for workforce development:
 - Need to recruit people dedicated to working with marginalized populations.
 - o Need to modify curricula so students have more exposure to diverse communities.
 - o Providers who are already licensed also need ongoing training.
 - Need to recruit people who are comfortable working with people with severe mental illness.
 - o Training needs to focus on clinical services and culturally competent care, not on other elements of diversity (e.g., multicultural celebrations, food, etc.).
 - o Need to increase high school graduation rates for diverse students.
- Committee members reviewed the health reform implementation language proposed by Diane and Janet and brainstormed possible recommendations as follows:
 - Certifications required under new programs (e.g., patient navigators, care coordinators, peer support specialists) implemented under the ACA should have flexibility for a broad range of professions and include educational experience from countries of origin to allow for culture and language match.
 - Mental health equivalency acceptance will be developed for those with demonstrated experience in the field of mental health.

5. Meeting Summary and Wrap Up:

- Tory agreed to work on a recommendation around peer supports and care coordination.
- Hank, Janet, Diane, and Winona will work on a recommendation around certifications.
- Christy will begin drafting the committee's policy paper and will work with Glenn, Victor and other committee members on proposed recommendations.
- The next meeting is May 30 from noon to 3 p.m. at the Atlantic Street Center.