

Advisory Committee Members Present:

Glenn Baldwin, Co-Chair

Victor Chacón, Co-Chair

Edith Elion

Sandra Gonzalez Graham (phone)

Tory Clarke Henderson

Winona Hollins-Hauge

Carrie Huie-Pascua (phone)

Stephen Kutz

Diane Narasaki

Mario Paredes (phone)

Annabelle Payne (phone)

Guests:

Robert Nicoloff, Department of Health

Steven Saxe, Department of Health

Andy Fernando, Department of Health

Janet St. Clair, ACRS

Staff:

Christy Hoff

Action Items:

- Christy will work with committee members and co-chairs to collect additional information and make recommended changes to the paper and policy recommendations.
- Committee members will continue to review and provide comments on iterations of the paper via email until we arrive at an agreed-upon final product.

1. Welcome and Introductions:

- Victor Chacón facilitated the welcome and introductions. He reviewed the agenda, meeting goals, committee's overall purpose, and agreed-upon phone etiquette norms.

2. Review and Discuss Draft Policy Paper:

- Christy Hoff walked committee members through the sections of the policy paper and requested feedback and comments.
- Diane Narasaki and Janet St. Clair provided additional references and guidance for the behavioral health disparities data section of the report. Janet will provide some language for how culture shapes the recognition of mental illness, which results in underreporting.
- Tory Henderson suggested adding information about physical health disparities experienced by people with behavioral health issues.
- Committee members discussed using the terminology mental disorders vs. mental illness. Janet recommended looking at Recovery Oriented Systems of Care for guidance on terminology.
- In the section describing the current public behavioral health system, Steve Kutz recommended adding a description of the Tribal system and Tory suggested adding information on children's mental health programs funded through Children's Administration and other sources – she will submit some proposed language.

- Committee members recommended adding information about the number of people of color expected to become insured overall and through Medicaid to the section on Medicaid expansion.
- Carrie Huie-Pascua recommended adding information about RSN annual assessments of workforce capacity by mental health specialty to the section on past efforts to address workforce diversity.
- Committee members requested that staff work with Hank Balderrama to add information on implementation of the DBHR disparities work.
- Steve suggested highlighting (bolding, boxing, etc) key messages, such as the agreement by the committee to not just focus efforts on improving the system for all populations but to include targeted efforts to improve care for people of color.
- Committee members discussed the section of the paper describing the committee's process. Members thought the description of the five proposed areas of focus they brainstormed could cause some confusion, particularly the "reorganization of RSNs." The committee suggested using the word "brainstormed" rather than "identified." Members also suggested changing "addressing mental health housing issues" to "addressing housing for people with mental disorders."
- Diane suggested under the section on key findings changing the term "medical home" to "health home" if it didn't distort the research findings.
- Janet will provide additional references to staff on the need for improved data collection and evidence-based tools for the section on key findings.

3. Review and Discuss Recommendations:

- Glenn welcomed staff from the Department of Health who were invited to participate and join the discussion about healthcare credentialing and training.
- Department of Health staff explained that basic requirements for all licensing, including behavioral health professions, are first established by the legislature. For some professions the Secretary of Health has authority to make changes to requirements, but for others, Department of Health needs to partner with the various Boards and Commissions. Any added requirements for licensure would be mandated for all professionals in any setting.
- Diane clarified that the intent was to not limit the ability of bilingual/bicultural providers from practicing since they're aren't enough of those providers who can provide culturally appropriate care to begin with.
- Tory asked if there were any current continuing education requirements for behavioral health professions – committee members indicated there were no requirements.
- Winona Hollins-Hauge provided insights into the UW School of Social Work and processes to ensure cultural competence among providers.
- Committee members discussed that the language proposed for their recommendation around credentialing could limit the ability of people to get credentialed – that was not the intent so members agreed more work is needed on that language.
- Glenn said the issue is to assist those culturally competent members of the community who are non-degreed to work at the highest level possible and asked members and guests to discuss ways for this to most easily be accomplished. Mario Paredes said people with higher degrees and credentials who do not have the cultural competence skills are often

working with these diverse communities and this is not ideal. Department of Health staff said there are a variety of credentials and each credential has its own prerequisites – for agency affiliated counselors the agencies provide much of the training. Community workers/patient navigators (and other non-licensed professionals) can work up to the level of, but not surpass, a credentialed profession. Janet asked if there have been efforts to recognize foreign educational accomplishments in credentialing. Department of Health staff said foreign-trained individuals generally work with a university to have it accept their degree. The Secretary of Health can consider alternative types of training for certified counselors and certified advisors. Winona asked to get more information on those two certifications.

- The committee discussed the need for cultural competence training requirements for licensure. There is precedence (ethics as an example) for certain credentialing requirements. For many credentials that require a degree the requirements for training are generally met in the curriculum of the various health professions training institutions. Compliance with those training requirements is verified during those institutions' accreditation processes.
- Winona suggested the group focus on recommendations that are feasible. She recommends modifying the language for the credentialing recommendation (encourage rather than ensure) and to consider whether the certified counselor or certified advisor professions are an avenue to increase needed bilingual/bicultural providers. Diane agreed but added that the committee needs to follow its charge to create recommendations to eliminate health disparities, even if they're not necessarily easy to implement. Tory said we just need to make sure that we are not causing negative consequences. Steve suggested the group also be as specific as possible – the recommendations should not be too general. Carrie said language interpreter services are already in place but not being used to their potential and there are opportunities to train providers on how to better work with interpreters.

4. Meeting Summary and Wrap Up:

- Victor thanked members for participating. He said this was the last meeting but that we would continue to work on the paper and recommendations over email.