



Final Minutes of the Governor's Interagency Council on Health Disparities
December 2, 2021
Virtual ZOOM Platform

Council members present:

Marietta Bobba	Diane Klontz	Victor Rodriguez
Benjamin Danielson	Stephen Kutz	Leah Wainman
Jessica Hernandez	Julia O'Connor	Greg Williamson
Quyen Huynh	Rian Sallee (Alternate)	
Nicole Johnson	Elizabeth Perez (Acting)	

Council members absent:

Lydia Faitalia	Willie Frank
Sara Franklin-Phillips	

Council staff present:

Christy Curwick Hoff, Council Manager	Lindsay Herendeen, Health Policy Analyst
Cait Lang-Perez, Health Policy Analyst	Nathan Thai, Communications Consultant

Guests and other participants:

Philip Diaz, Dept. of Social and Health Services	Anzhane Slaughter, Social Equity in Cannabis Task Force
Jessica Guidry, Kitsap Public Health District	Ginny Weir, Foundation for Health Care Quality
Dan Lesser, Foundation for Health Care Quality	

During the virtual meeting, approximately 20 members of the public joined and participated. The Council thanks all those who took time to join, listen in, and share their personal experiences and perspectives during the meeting.

Benjamin Danielson, Council Chair, called the public meeting to order at 9:00 a.m. and read from a prepared statement (on file). Staff reviewed the Zoom protocol for the meeting and members introduced themselves.

1. APPROVAL OF AGENDA

Motion: Approve December 2, 2021 agenda

Motion/Second: Marietta Bobba/Leah Wainman. Approved unanimously.

2. ADOPTION OF SEPTEMBER 2021 MEETING MINUTES

Motion: Approve the September 2021 minutes

Motion/Second: Jessica Hernandez/Quyen Huynh. Approved unanimously.

3. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Curwick Hoff, Council Manager, said the Council seat for the Office of Superintendent of Public Instruction representative is still vacant. She said Elizabeth Perez was in attendance representing the Department of Health, which is still working to fill the position vacated by former member, Paj Nandi. Ms. Hoff introduced three new members of the State Board of Health. She directed Council members to the meeting materials regarding the renaming of Franklin Park in Tacoma to Senator Rosa Franklin Park.

Ms. Hoff provided an update that staff had not yet started the work to convene an advisory committee to help the Council review and make recommendations regarding its statutory authority. She asked members for input on membership and structure. She said there was an interest in a future meeting discussion around youth incarceration. Chair Danielson challenged members to identify a way their work did not connect somehow to youth incarceration. Marietta Bobba, Council Member, recommended a briefing at a future meeting. Victor Rodriguez, Council Vice Chair, agreed and said investing in childhood makes lasting impacts.

4. DISCUSSION—PROPOSAL FOR A HEALTH EQUITY COLLABORATIVE

Vice Chair Rodriguez said that there is an effort among healthcare leaders in the state to create a Health Equity Collaborative with the aims to seek common definitions, language, and measures for equity in healthcare, including the social determinants of health. He introduced Ginny Weir, CEO of the Foundation for Health Care Quality, and Dan Lessler with Comagine Health.

Dan Lessler provided an introduction about the BREE Collaborative, which convenes to improve healthcare and address health inequities in Washington State by aligning work among healthcare providers. The BREE Collaborative has discussed the need to collect and report on healthcare data related to inequities in a common way and to create common definitions around inequities and social determinants of health to improve data collection. The BREE Collaborative is working with the Foundation for Health Care Quality on this work. Ginny Weir added that the Foundation for Health Care Quality wants to convene and align the work in the state to ensure there is collaboration and forward momentum, with a focus on evidence-based and lived experience.

Christy Hoff said the Health Disparities Council focuses upstream on the social determinants of health. She asked for clarity on the scope of their work. Dan Lessler said they are discussing scope, but that it is focused on the healthcare system. He added there is a need for the medical care sector to have better linkages with community. Member Bobba, said that “clinical” typically means reimbursable and that the social determinants are not always reimbursable. She asked if the work would find solutions for such reimbursement. Dan Lessler said that, as a first step, the work would be focused on common data and measurements but that could be something to discuss in the future. Ginny Weir added that reimbursement could be in the purview of the

BREE Collaborative, which considers recommendations around reimbursement for health services to propose to Health Care Authority.

Vice Chair Rodriguez stated that, in general, the idea of healthcare systems aligning their efforts and coordinating is good for service delivery. He stated that having data as a place to start is also important to identify trends and gaps. He asked that they also consider qualitative data, adding that the numbers can give you a direction, but the stories can help you understand. He recommended they obtain community input for data collection and standardization. He agreed with Member Bobba that reimbursement matters because it indicates where the system will make investments. He asked what it would look like to invest upstream where we know there are impacts on health and equity, such as housing. He said racism, climate change, and homelessness are public health crises and it is good the healthcare system is having these conversations. Diane Klontz, Council Member, said affordable housing is a priority for the Department of Commerce and added that it would be announcing any potential investments in the Governor's Budget, which would be out in the coming weeks.

Nicole Johnson, Council Member, said early child development investments, including affordable childcare, have life-long impacts and is another area that the healthcare system should consider for investment. Christy Hoff said she had recently spoken with a contractor working with the Health Benefits Exchange who is compiling an inventory on social determinants of health metrics and measures. She asked whether the presenters have connected with the HBE.

Quyen Huynh, Council Member, said providers cannot provide the best healthcare if a person does not have their hierarchy of needs met. Vice Chair Rodriguez said there is probably a general awareness among healthcare providers about what actually impacts health and asked what the greatest challenge would be in investing in these issues, such as housing. Dan Lessler said one of the greatest challenges is how we pay for healthcare. We incentivize the wrong things and do not provide incentives for improving population health. Ginny Weir said the system is perfectly set up to innovate around very specific procedures. She said if we want to invest in the social determinants of health, we need to change the system. Member Huynh suggested that one part of the system that we could work on is maintaining healthcare when people get sick and lose their jobs. She said healthcare should be less of an incentive for employment and more of a right.

Member Rodriguez said this is a topic the Council is interested in and asked Dan Lessler and Ginny Wier to come back, keep the group updated, and continue the conversation.

7. APPROVAL OF 2022 MEETING SCHEDULE

Vice Chair Rodriguez moved the review of the 2022 proposed meeting schedule up (originally scheduled as agenda item 7). Christy Hoff reviewed the proposed meeting schedule.

Motion: Approve the 2022 meeting schedule as presented on December 2, 2021.

Motion/Second: Member Hernandez/Member Johnson. Approved unanimously.

The Council took a break at 10:47 a.m. and reconvened at 11:00 a.m.

5. DISCUSSION—INEQUITIES IN ACCESS TO BEHAVIORAL HEALTH TREATMENT

Vice Chair Rodriguez said that Representative Gregerson recently brought to the Council's attention some data regarding inequities in access to behavioral health treatment. He said behavioral health outcomes, access to care, and inequities are an important public health issue, an area with significant inequity, and an area where the state government has significant influence. He said this is an opportunity for the Council to learn about the topic and begin a conversation.

Member Huynh introduced Keri Waterland from the Health Care Authority (HCA) and shared data and metrics related to behavioral health services from the Healthier Washington Dashboard, including information about antidepressant medication management, mental health treatment, substance use disorder treatment, and follow-up after emergency department visits (e.g., for alcohol, other substance use, mental illness, self-harm). She spoke specifically about inequities by race/ethnicity, language spoken, and geography. She also shared examples of HCA's efforts to improve access to mental health, including the Wraparound with Intensive Services (WISe) initiative for children, youth, and families with mental health illness. She said there is a national workforce crisis for behavioral health providers. Keri Waterland stated that access to behavioral health services is a priority for HCA. She provided more examples, including mobile crisis response teams, linkages to community services (e.g., through peer counselors), and the community behavioral health model. She shared the startyourpath.org webpage as a tool to encourage folks to begin a career in behavioral health and improve access.

Dr. Philip Diaz, Department of Social and Health Services, shared unique barriers to accessing behavioral health services experienced by people with developmental disabilities. He discussed biases in the system toward people with intellectual and development disabilities (e.g., bias that people with intellectual disabilities cannot benefit from mental health treatment) that create inequities in access and treatment. He provided some recommendations about how to improve care for people with developmental disabilities.

Julia O'Conner, Council Member, shared information about the Behavioral Health Workforce Advisory Committee at the Workforce Training and Education Coordinating Board. She said there is a workforce shortage in behavioral health, especially in crisis level behavioral health. She explained that the COVID-19 pandemic has exacerbated an already existing shortage. She said a budget proviso from the 2021 legislative session formalized the Behavioral Health Workforce Advisory Committee to "monitor and report on the progress of recommendations...to develop policy and practice recommendations on emerging issues in the behavioral health workforce." She said the Committee submitted a preliminary report to the Governor's Office on December 1, 2021 and have a final report due in December 2022. They partnered with a research center at UW as well as convened a large group of stakeholders representing a broad range of folks.

Member O'Connor said the stakeholder group identified 3 high priority areas to increase the behavioral health workforce: 1) increase Medicaid reimbursement rates for licensed and certified community behavioral health agencies; 2) increase the ability, incentives, and funding for community behavioral health agencies to accept students/trainees; and 3) increase financial support and other incentives to people pursuing careers in behavioral health. She discussed four additional recommendations, including: 1) strengthen and fund loan repayment programs (e.g., Washington Health Corps) to incentivize behavioral health service provision; 2) assess current supervision requirements; 3) expand the role of certified peer counselors; and 4) reduce paperwork requirements to transfer an out-of-state license to Washington State.

Julie Peterson, public participant, stated that she is working with the Children and Behavioral Health Workgroup and asked how the Workforce Board is working with them. Member O'Connor said they are working closely and that the two groups share a number of common recommendations. Leah Wainman, Council Member, shared that this is also a priority in her community and asked what opportunities are available for gap-stop measures for dealing with this behavioral health crisis while we wait for some of these larger legislative actions to move forward. Vice Chair Rodriguez said the Council needs to honor the time posted for Public Comment and suggested they continue this conversation after.

The Council took a lunch break at 12:07 p.m. and reconvened at 12:30 p.m.

6. PUBLIC COMMENT

Vice Chair Rodriguez, announced the Council was transitioning to the public comment period and read from a prepared statement.

Jessica Guidry, Kitsap Public Health District, shared that she is interested in learning how to convene local public health folks in the state working on health equity. She suggested a need for a state health equity blueprint for how entities could partner to improve health equity at the state, regional, and local levels.

5. (CONT.) DISCUSSION—INEQUITIES IN ACCESS TO BEHAVIORAL HEALTH TREATMENT

Chair Rodriguez invited the Council to continue their discussion. Member Johnson asked if Member Huynh could talk more about programs that allow community navigators or mobile units to go along with law enforcement response. Member Huynh stated that she will get more information, but she does not believe their efforts are specifically linked to law enforcement. Member Johnson stated that she worked with the WA State Department of Health on a grant related to farmworker stress and suicide. She stated that medical facilities are sparse and access to mental health is even more sparse. She asked Member O'Conner if that is a priority or focus of the Workforce Board to reach farmworkers and others with limited access. Member O'Conner said there are a total of 42 recommendations that the Workgroup is considering, including a number of recommendations specific to rural communities.

Vice Chair Rodriguez asked how community health workers and stigma in accessing behavioral health services are being considered as part of the Workforce Board recommendations. Member O'Connor stated they have a recommendation to the Legislature to revisit the recommendations from the Community Health Worker Task Force. Member Huynh said the long-term solution is building the next generation of providers, which should include mental health nurse practitioners who could serve under-resourced communities, including rural areas. She said we should consider legislation to make nurse practitioner training and placement programs sustainable. Member Bobba encouraged the Workforce Board to do a crosswalk with job titles to decrease barriers and make it more flexible to provide services.

Vice Chair Rodriguez asked if anyone was interested in making a motion to support the recommendations. Member Bobba stated that she would have to abstain until she is able to review the recommendations with agency leadership. Chair Rodriguez stated that that is likely the case for others and invited Member O'Connor to share more again at our next meeting.

8. BRIEFING—SOCIAL EQUITY IN CANNABIS TASK FORCE

Chair Danielson said the Council has been providing staff support to the Social Equity in Cannabis Task Force since the middle of last year. He said today we have the opportunity to learn about the Task Force's work to date and asked the Council to consider whether they would like to endorse the recommendations. Anzhane Slaughter, Task Force Project Manager, gave her presentation (on file). It included background on the Task Force, its members, and public meetings, as well as workplan and recommendations adopted by the Task Force to date.

Vice Chair Rodriguez asked whether community reinvestment funds could be used for supports like housing. Anzhane Slaughter said housing and education are areas the Task Force included in its community reinvestment recommendation. Philip Petty and Jim Buchanan, public participants, shared their participation in the Task Force work. They asked the Council to endorse the recommendations because much more work is needed to get the recommendations adopted by the Legislature.

Council members discussed whether they could endorse the recommendations. Members representing Cabinet agencies indicated they need to consult with their agency leadership and understand how the recommendations may or may not align with the Governor's policy and budget priorities. Members suggested holding a special meeting in late December or early January.

9. COUNCIL MEMBER COMMENTS AND ANNOUNCEMENTS

This item was not discussed due to time limitations.

ADJOURNMENT

Benjamin Danielson, Council Chair, adjourned the meeting.

GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Benjamin Danielson, Chair

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