



Whatcom County Behavioral Health Advisory Committee (BHAC) Meeting Minutes

Meeting Date/Time/Location: July 8th, 2024, 3:00pm-4:30pm, Hybrid – Zoom & In-Person at 800 E Chestnut St, Suite 1B

BHAC Committee Members Present: Barry Buchanan, Erika Creydt, Erika Lautenbach, Stephanie Kraft, Stephen Gockley & Susan Johnson

BHAC Committee Members Absent: Caleb Erickson, Donnell Tanksley & Shannon Boustead

Whatcom Co. Health Dept. Staff/Guests: Ann Beck, Dean Wight, Hannah Fisk, Joe Fuller, Malora Christensen, Michael Massanari, Michaela Mandala, Perry Mowery & Riley Myers

Agenda Item	Discussion
1. Welcome, Roll Call, & Announcements	Perry Mowery – Roll call. A quorum is present. Meeting called to order.
2. BHAC Resignation – Dr. Michael Massanari	<p>Perry Mowery – Michael Massanari sent a letter of resignation from BHAC as of June 1st. He has been invited to this meeting today and is welcome to speak.</p> <p>Michael Massanari – Thank you to Perry for his leadership. Have participated on the committee since it’s inception. Would like to offer appreciation and gratefulness to Joe Fuller. Would suggest that the committee continue to look to Joe and the way he’s modeled assessment of the program.</p> <p>Joe Fuller – Would like to thank Michael, and not just for his time on the board, but also his help with the RFP process.</p> <p>Barry Buchanan – Would like to thank Michael for his longevity on this team and his institutional knowledge.</p>



<p>3. BHAC Resignation – Mullane Harrington (PeaceHealth Rep)</p> <p>BHAC Appointment – Susan Johnson (PeaceHealth Rep)</p>	<p>Perry Mowery – Mullane Harrington was the PeaceHealth representative for BHAC, but was unable to attend meetings due to her schedule, so she has resigned. Susan Johnson applied for a position on BHAC and was approved by County Council, so she is now the new PeaceHealth representative on the committee.</p> <p>Susan Johnson – Licensed Clinical Social Worker with PeaceHealth in Internal Medicine. Recently moved from Colorado. Previously served on the Rural Health Collaborative in Grand County and the Instant Management Team for COVID response and fire.</p>
<p>4. Resignation of historic BHAC Chair – Nicholas Evans (no quorum in 4.8.24 meeting)</p> <p>Nomination of new BHAC Chair</p>	<p>Perry Mowery – The previous BHAC Chair, Nicholas Evans, resigned from the committee due to him opening a private practice. This was discussed at the meeting in April, but there wasn't a quorum, so the committee was unable to nominate and vote on a new BHAC Chair.</p> <p>Barry Buchanan – Nominate Stephen Gockley as the new BHAC Chair.</p> <p>Erika Lautenbach – Second the nomination of Stephen Gockley as the new BHAC Chair.</p> <p>Perry Mowery – Any discussion?</p> <p>Barry Buchanan – Stephen was the Co-Chair of the IPTRF and he helped on the planning team for the Justice Project, and he was a pleasure to work with. He's super effective, and the group would benefit greatly from having him as the Chair.</p> <p><i>Motion Approved – Ayes: 6, Nays: 0, Abstain: 0</i></p>
<p>5. Review and approval of 1/8/24 meeting minutes and 4/8/24 notes</p>	<p>Stephen Gockley – Hopefully everyone had a chance to look over the meeting minutes from January and the notes from April. The committee was unable to approve the meeting minutes back in April because a quorum was not present.</p> <p>Barry Buchanan – Motion to approve minutes.</p>



	<p>Erika Creydt – Second the motion.</p> <p><i>Motion Approved – Ayes: 6, Nays: 0, Abstain: 0</i></p>
<p>6. WCHCS Operations Plan – Fentanyl Executive Order</p>	<p>Erika Lautenbach – County Council started conversations in the first quarter of 2024 with Lummi Nation and other jurisdictions about wanting an emergency/declaration around fentanyl. It was vote on and approved in April, and the next day the Executive’s office put out an executive order calling for Health and Community Services to create an operations plan. The full operations plan is in the packet that has been provided to committee members. There are eight strategies in the prevention plan, two are ongoing, four are short-term (3-6 months), one is medium-term (6-12 months), and one is long-term (1 year +). There are eleven strategies in the intervention plan, four are short-term, six are medium-term, and one is long-term. There are five strategies in the treatment plan, one is short-term, two are medium-term, and two are long-term. There are five strategies in the aftercare/recovery plan, two are medium-term, and three are long-term. The funding available right now is not enough to support all of these strategies, with limited flexible funding. Have proposed to utilize the opioid settlement funds the county is receiving in order to fulfill the work.</p> <p>Stephen Gockley – What do you think our expectation out in the community should be around time frames, priorities, markers of success and operational steps?</p> <p>Erika Lautenbach – There is good momentum in a lot of areas, but we can’t solve all of it at once, and that’s where the expectation setting is helpful. Need to figure out how to communicate with the public about all the good work that is happening, but also create and expectation so there isn’t this idea that over the next year overdoses and deaths will be a thing of the past. Will be briefing County Council on this every quarter.</p> <p>Stephen Gockley – Would suggest a communication strategy that puts out accomplishments, obstacles, unforeseen obstacles so that the public at large, who doesn’t track council minutes, might stay in touch with the progress being made.</p>



7. 2023 Healthy Youth Survey

Joe Fuller – The survey is administered every two years to children in grades 6, 8, 10 and 12. There are over 250 questions, and they measure a variety of teen health attitudes and behaviors. Want to point out that age does matter in prevention and delaying the onset of substance use. Important to point out that the survey was not given in 2020 due to COVID, so it was administered in 2021, so there is a different cohort of students who are now taking it. There is a trend of decreased participation as the grades increase. E-cigarette and smoking/vaping use decreased in 2021, most likely due to availability during the pandemic. Use of alcohol has had a decreasing trend over the last 15 years. Marijuana has been more of a mixed bag, due to becoming legal, but rates seems to be lower over the last few years. Almost all mental health status questions had a drop in percentage from the 2021 numbers. In a class of 30 students in grade 10 in Whatcom County, 19 are dealing with anxiety, 9 are dealing with depression, 5 have contemplated suicide, 5 have made a suicide plan, and 2 have attempted suicide. Looking at state wide numbers, there is a relationship between feeling sad/hopeless and demographics of students. Bullying numbers dropped during COVID, but have now trended back up from 2021 to 2023. There seems to be a correlation between substance use and increased mental health issues. Almost all metrics of support options increased from 2021 to 2023. Excessive screen times are an increasing area of focus.

Stephen Gockley – How does this data get put to use?

Joe Fuller – Because of some federal funding, we are required to do strategic planning. Assessing needs and resources and then identifying priorities. Also use it in day to day activities with social norming and marketing, and public education.

Erika Creydt – You’re asking questions about identifying as LGBTQ, and those questions weren’t always asked. Is every school asking those questions and what are you seeing from that information?

Joe Fuller – In the past there was an optional tear off portion for those questions, but at this point it’s pretty routine at most schools. Sometimes the data can be too low to populate certain reports, so we have to rely on state data to get numbers.

Stephen Gockley – How does (some) of this data translate into the treatment community? Do you work with the clinical community on some of these issues, and if so how?



	<p>Joe Fuller – Some of the prevention intervention specialists in the school are SUDP professionals. They can't do assessments directly, but they can refer directly. We also track people served through prevention, intervention, and after care treatment.</p>
<p>8. Permanent Supportive Housing Development and Processes</p>	<p>Ann Beck – We sent out a solicitation to find providers who'd be up for doing an assessment of our PSH. The solicitation closes on July 19th. There's been significant concern around 22 North, especially post pandemic. Want to look at the larger system, so we came up with a scope of work. (file attached) Want to look at local agencies staff, the community around them, what their funding looks like, do they have enough? Worked with partners to use behavioral health funds for behavioral health providers on site, but it's been difficult finding providers. New approach is to hire people, and then allow them to earn their license hours while in the job. Health has about \$650K in contract with 22 North, and of that \$350K is behavioral health funds. There's about \$570K in contract with City Gate, and of that \$517K is behavioral health funds. There's about \$731K in contract with Francis Place, and of that \$343K is behavioral health funds.</p> <p>Stephen Gockley – There are best practices for permanent supportive housing. Is the assessment intended as a checklist of fidelity to best practices? The word on the street is that they're not being carried out with quite the rigor that they require to be effective.</p> <p>Ann Beck – Very much want an outside perspective doing this, so no funders and not the agencies themselves. There is evidence-based work behind this, but where are they falling short? Is it because of a lack of resources? Or a lack of the way the agencies are able to handle things?</p> <p>Stephen Gockley – If no one responds to this solicitation, is there a plan C?</p> <p>Ann Beck – If there are no solicitations, then we could go directly to an agency and ask them if they're interested. There is about \$75K carved out for this solicitation, using 1590 funds.</p>



<p>9. WCHCS Partnership with Didgwalic Wellness Center</p>	<p>Malora Christensen – Working closely with the Swinomish Tribe and Didgwalic. Didgwalic provides a comprehensive trauma informed approach to working with people who are trying to be in recovery. Partnering with the city and county to bring a mobile medical unit to dispense methadone, suboxone and vivitrol at our behavioral health campus on Division St. This will add to the continuum of recovery services, and be low barrier and easy to access.</p>
<p>10. Public Comment Adjournment</p>	<p>Public Comment:</p> <ul style="list-style-type: none"> • None <p>Stephen Gockley – Meeting adjourned.</p>
<p>Next Meeting:</p>	<p style="text-align: center;">October 14th, 2024 3:00pm-4:30pm Hybrid – In Person at 800 E Chestnut St, Suite 1B / Virtual via Zoom</p>