

Attendees			
Glesmann, Heidi	DOH	Reamer, Billy	HCA
Graham-Squire, Mike	WASAVP	Salivaras-Bodner, Sandy	HCA
Helseth, Jennifer	DCYF	Segawa, Mary	LCB
Ingraham, Bailey	WSIPP	Shrestha, Gitanjali	WSU
Lauderdale, Connie	HCA	Watson, Tyler	HCA
Mariani, Sarah	HCA	Wilhelm, Liz	PSCBW
Mendoza, Lucilla	HCA	Wilson, Kendra L	HCA
Migliore Santiago, Patti	DOH	Wulff, Isaac	HCA
Pipek, Sonja	HCA	Zimmermaker, Micah	HCA
Powell, Eliza			
Objectives:			
<ol style="list-style-type: none"> 1. Kickoff 2023 Legislative Session 2. 5-Year Plan Update and Feedback 3. Set goals for 2023 SPE Consortium 			

Meeting Notes

Please see PPT for additional information.

1. Introductions and Announcements

Patti Migliore-Santiago

- Patti opened the meeting at 1:05 p.m. with self-introductions.
 - This is the first meeting for Micah Zimmermaker and Eliza Powell.

Celebrations and recognition

- National Slavery and Human Trafficking Prevention Month
- National Mentoring Month
- Stalking Awareness Month

Announcement

- Patti retires in April but is working only through February. Beth will become the SPE co-chair with Sarah.

Legislative Session

- Session started today.
- Commercial tobacco and cannabis have pre-filings on topics such as:
 - Regulating synthetic cannabinoids
 - Social equity licensing
 - 5002 – change alcohol BAC limit to .05 from .08 for driving
 - 5001-03 – exception for gallons of wine sold
 - 5009 – allowing interstate agreements for cannabis
 - 5023 – employment of individuals who lawfully use cannabis
 - 5010 – synthetic opioids and endangering children
 - 5022 – exempting fentanyl testing equipment from def of drug paraphernalia.
 - 1002 – increased penalty for hazing

- 2059 – increasing number of providers who can practice in WA State and cross borders
- SB 5080 - Social Equity
- House information on bills with cannabis, alcohol, etc. is found under Regulated Substances and Gaming.

Budget and Staffing

- Two asks from the Opioid and Prescription Drug Workgroup made it to the Governor’s budget: Prescriber’s Education and grants for services like CPWI and CBO support.
- Sarah noted that a Partnership for Success grant sunsets in November. It’s part of the settlement funds we hope will go through and affects two of our staff.
- Patti is applying for grants for heart attack/stroke, which would increase staffing.
- HCA has an open [Prevention System Manager](#) position on Sonja’s team through WSU and a Research, Evaluation and Community Survey position open on Alicia’s team. Another position will open soon with a big part in the Healthy Youth Survey.

2. SPE 5-Year Strategic Plan Update

Sarah Mariani

Where did we leave off and what are next steps:

Graphics Update – Review and Feedback

- The communications team is helping with updates for ADA compliance and the document look and feel.
- Isaac sought feedback on the new, accessible, graphics and will route them via email later.
 - Page 3: The arrows going down on the first slide got lost – change to justify center.
 - Page 10: Make ROI sign bigger or smaller in corresponding section.

Needs assessment overview

- Sandy gave an overview of key findings on the data.
- Someone questioned how alcohol use was determined “most concerning” vs. concerning increase in deaths, for example. A: Percentage of use is ranked highest.
 - Sandy will adjust that and other similar language.

Summary of Workgroup Action Plans

- PowerPoint slides showed bullet-pointed key points from each plan.
- Common themes in the workgroups included recruitment, engagement; research and education; workforce development; policy statements.
- Differences between workgroups showed in scope and capacity; turnover; amount of data available; quality of evidence for what can be done.
- Additional thoughts:
 - Mary S: The workgroups looking to expand people and resources hark back to why SPE was formed in the first place.
 - Mary and Sarah both thanked the group for the time, collaboration, and partnership in getting these done.
- Send any final feedback on the SPE Workgroup to Isaac Wulff: Isaac.wulff@hca.wa.gov.

SPE Consortium Goals (5-Year Strategic Plan Update Discussion)

- The Children’s Behavioral Health (BH) Workgroup is working on plan that folds into the bigger picture of children’s BH that our plan also addresses. These plans should complement each other.

Statewide Services Snapshot – Needs and Strengths

- See slides for needs and strengths, and goals already identified.

- High-level consortium goals should identify both what we want to achieve and what we'd like to achieve, given the resources.
- Goals discussion:
 - Mary: Put emphasis on helping people make the transition from research to policies and practices that underscore our efforts.
 - Patti: Add collaboration to the first two bullets. Make a clear statement about having created a shared vision.
 - Heidi: Ensure equity is a key piece within that.
 - Jennifer Helseth expressed concern with EBPs and the many small communities that do not have research or large enough sample sizes for them. She noted the importance of including evidence-informed, community-driven, or the like to make the services we offer more equitable.
 - It also ties into the collaboration piece.
 - Heidi asked if there was any interest in including innovative or promising practices, echoing Jennifer's thoughts around concerns with EBPs.
 - Eliza noted the HIDA overlap and needing more on kids with disabilities.
 - Sarah and others have held conversations across the lifespan and identifying effective practices at each point.
 - HYS data analysis includes kids with disabilities. They tend to show poorer outcomes.
 - **Lucilla asked about** a goal to expand or support specific DEI prevention programs or to increase equity in our prevention programs.
 - There is currently a separate section on equity, but we should state it up front.
 - Liz or Mike offered non-state agency perspectives:
 - Items in parentheses are items local services would connect with.
 - Add a chart with columns of goal/how it shows up in local communities (or program names)
 - The All-Provider meeting in November had a Menti question about how locals have leveraged the plan to get local funds. Isaac will review those responses again.
 - Have a goal regarding coordination among state agencies doing similar work / combining resources to be most effective.
 - Consider how we build resources for them to hook into more easily. Visualize as a circle (communities support state, state supports communities, all the organizations working toward same goals)?
 - Mike – Bullet 1 suggestion: "Support local services and coalitions."
 - Isaac – Build a cultural conversation on the value of prevention so we don't always have to start from scratch requesting prevention be part of the conversation.
 - How we work to adjust the paradigm of using resources for sickness/crisis vs. balance with prevention so there is less need. Increase the value of health overall and identify the prevention services need up front.
 - Make sure Mental Health Prevention Promotion is specifically addressed.

Policy Statements

- A list of examples provided the starting point for this conversation.

- Add that 988 contains a more upstream focus. E.g.: “Promote primary prevention strategies as part of the 988 implementations.”
- Emphasize moving upstream any time we can.
- Add careful wording about equitable enforcement. E.g.: “Increased enforcement on products and industries vs. individuals.”
 - Sarah – We also need to create the right balance, so prevention isn’t seen as the troublemaker.
 - Focus enforcement on suppliers, not youth.
- Heidi – Add statements for policies to improve or increase services that provide benefits (school services, etc.)
 - "Improve and increase prevention services provided at the school and community levels..."
- Sarah gave a more in-depth background on the equity bullet point.
- Mike – “Balancing economic and retail cannabis license equity with youth prevention.”
- Mary asked about regulating substances with health equity. Another suggested balancing health equity/economic equity.
- First bullet suggestion: "access and marketing"
- Isaac: Many of these statements are not specific to substance use. Should we include any policy statements specific to MH?
- Work on “reducing stigma.”
- Mike – Do we need to be more specific we want to “increase prices” vs. “limit product”?
- Sarah – Should we add anything specific re: high HC, powdered alcohol, alcohol + caffeine pre-mixed, etc.?
 - Mary – There’s not a lot in the LCB’s Covid Allowances report that would fit here. LCB did add a recommendation that 3rd party not do delivery. What we really want is to limit youth access to products that are adult use only. E.g.: “protect youth by limiting youth access – limit availability, limit marketing. For legal products, reduce the risk of harm by limiting density, etc...” Parse into legal, market, and prohibited use.
- Include regulation of synthetic or emerging products?
- “Reduce/limit products that appeal to youth or whose potency makes them particularly harmful to youth.”

Workforce Development

- A list of examples provided the starting point for this conversation.
- Isaac – A workgroup from a year or two ago has a lot on this.
- CPT is needed.
- A BH Workforce report published recently didn’t include the word prevention. Should something like that be done for Primary Prevention?
- Many workforce development initiatives now go toward virtually all but prevention staff. Do we want to put this need for a prevention component in programs on deck?
- Sonja – The Eastern WA area Health Ed Center had internships for HS students in 2021 that provided opportunities for students to explore prevention. This was funded by DOH and the center partnered with CPWI sites. They might offer this again in 2023.

Cultural Competency Update

- We need to update “cultural competency” language and graphics (e.g., graphic page 9 “... Cultural Competency”) and be consistent throughout.
 - **Heidi’s group tends to use “health equity” when talking with contractors;** “cultural competency” is more specific.
 - Sarah – “Cultural competency” seems to be used more for staffing references; equity is used a bit more broadly.

Next Steps

- Path to publication: Final content will be completed this winter, with physical copy prep in the spring and rollout in summer.
- To submit comments later:
 - We can send draft text (in rough form) to you all for comment on the 5-year plan.
 - We can include you for final content edit if you are interested.
 - We can also send accumulated thoughts and notes from these meetings, so you know if something was discussed.
- Graphs and tables will not be included until the final version.
- Sarah asked if a supplementary meeting between now and March be helpful or feasible but got no response. We can also work through email.

3. Closing

Sarah Mariani

- There’s a Tribal Listening Session, Jan 12, 11-12:30.
- Sarah thanked attendees and closed the meeting at 3:50 p.m.

Upcoming Schedule

Month	Workgroup Presentation	Other Topics
March 13, 2023	TBD	• RDA – Mental Health Risk Indicators
May 8, 2023	TBD	•
July 10, 2023	TBD	•

Please **submit ideas** or **suggestions** of meeting presentations to isaac.wulff@hca.wa.gov.

Your support and collaboration are appreciated.