

**Utah Behavioral Health Planning and Advisory Council
Meeting Minutes**

Thursday June 3rd, 2021, 12:00 p.m.
Virtual meeting via Zoom

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

COUNCIL MEMBERS PRESENT: Jeanine Park, James Park, Peggy Hostetter, Rob Wesemann, Donald Cleveland, Javier Alegre, Martha Mendes, Jennifer Marchant, Sherri Wittwer, Karla Arroyo, Nettie Byrne, Jason Jacobs, Renee Brown, Lisa Hancock, Randee Barariga, Athena Schwartz, Jules Martinez, Elise Hardy, Monica Scott, Richard Nance, Jeannette Villalta, Mary Jo McMillen, Sigrid Nolte

DSAMH STAFF PRESENT: Shanin Rapp, Kim Myers, Nichole Cunha, [Eric Tadehara](#)

OTHERS PRESENT: Joanna Onorato, Cynthia May Askie, Kiki Mulliner, Kim Bartley

COUNCIL MEMBERS EXCUSED: Dan Braun, Pam Bennett, Heather Rydalch

Welcome & Introductions

Rob Wesemann welcomed the group to the meeting, and introductions were made.

General Announcements

[Karla Arroyo](#) New Horizons Crisis Center was awarded \$75,000 for the Rural Mental Health Grant with Multicultural Counseling Center. Also the Moab Free Clinic, also Latino Behavioral Health received the grant.

Javier Alegre let the Council know that the Peer Conference is being held on June 11th, with a pre conference the day before, June 10th, 2021. Go to utahpeerconference.org

Lisa Hancock with OPTUM anyone curious about upcoming trainings, June 21st is being pushed out to August.

New Co-chair Announcement

Javier has volunteered to step into the co-chair role and as the executive committee thought it was a good idea so are bringing the idea to the full council. Proposal was made for Javier Alegre to move into a co-chair position in lieu of Rob Wesemann. Martha Mendes made a motion to accept the proposal, it was seconded by Richard Nance. The proposal passed unanimously.

Richard Nance asked how long the co-chair designation is for and Rob suggested that since that has not been decided yet, it might be one of the first things Javier works on.

May Meeting Minutes Review

Jeanine Park made a 1st motion to approve the full minutes from May, James Park gave a 2nd motion. The minutes were approved.

Appreciation for Nettie and all she has done for the Council

Brandy Strand from Utah Nonprofits Association

Training, technical assistance and support for all nonprofits in Utah. Website utahnonprofits.org
Brandy walked through the website and what they offer. Her email address is bstrand@utahnonprofits.org if anyone needs to reach out to her. They can help members with legal fees, insurance, fund raising, Client Relationship Management (CRM) discounts and free databases, trainings, and helpdesk support.

General Group discussion: Peer Supports (how do we support peer supports in their integrated settings)

- Now that peers are moving into clinical settings we need a coherent way to both coach and supervise peer supports and to motivate and incentivize them. (Javier Alegre)
- Insurances need to change, only Medicaid and Medicare cover Peer Support.
 - Insurance companies don't cover peer support so people stick with therapy which is covered (or they have to pay out-of-pocket. If legislature made this continuum of care part of what is covered that would be the first tier of solving the problem.
 - The second tier is that LMHA only provide their own staff's peer support for Medicaid/Medicare and don't reach out to community support. If people don't have Medicaid/Medicare they can reach out to Latino Behavioral Health or Allies with Families but then there is a disconnect with the clinical services so the continuum of care is broken.
 - The third tier is that clinicians are not trained in what peer support is, so they don't know how to work in the model of integrated services. If clinician doesn't understand peer support then they aren't going to prescribe (Karla Arroyo) it.
 - THEN if those barriers are overcome, peer supports need to be trained in what the clinical model is so that the process is truly a continuum of care. Should be included in ALL peer support trainings (only in Optum now)
 - Need more training and more than 1 hr. supervision but we can't pay them for that, so how do we overcome that barrier?
 - So many barriers that leaders get burned out trying to navigate the system ((Karla Arroyo)
- She is cautious about referring because she deals with complex trauma and doesn't want to cause more damage. Maybe due to lack of connection, lack of knowledge, lack of trust. More trust, more learning would help. I need to get to know providers so I can trust them. (Martha Mendes)
- Peers need to be truly trauma informed Optum working on trauma informed training and clinician training
- Maybe we need a resource list
- [Mary Jo McMillen](#) 1. Peer support is cultural and intentional--look at lived experience--based on woman, ethnic, illness, LGBTQ+ 2. Peers may only last a couple of years due to burn out--needs incredible coaching, practice profiles. Training needs to be ongoing and

experiential and culturally relevant. 3. One game in town, need choice in contracted providers. Time in Utah to provide the best provider for them, not based on who will pay. Need enough information to connect to best practices. People creating training who don't have lived experience. They at least need to be consulted in the training development.

- Javier reinforces the idea that we need to understand what training support and supervision peers have had--for clinicians to be able to trust providers
- Funding is a problem (Rob)
- We need to start giving support where they need/want to get support, not just who will pay. People need to be able to shop around to find what will work for them. The state-- who will pay, not who would be best, or who they want to work with. (Javier)
- We advise the block grant, not using block grant money to support. Should be able to go to any willing provider, with funding. It is a systematic change that we need in the whole system (Mary Jo Mcmillen) We are all trying to do the right thing.
- We are all pointed in slightly different direction. Block grant can be a solution. What is our next step? No voice for the peer support group.
- Karla suggestions 1. online directory and 2. connection, maybe at the peer conference, connect with peers 3. Department invest money in trauma training. CUREIE is doing many things it helps connection.
- Do a better job supporting our peers. need \$ a livable wage and benefits. We are asking them to invoke their own experience which can be retraumatizing them and then not paying or benefiting them. (Kim Bartley)
- Things asked of peers are many and maybe not clear, need to know exactly what it is that their job is comprised of. Role clarity. Dial back what is required if it is overwhelming. (Jason)
- Yes, peers are tired, burned out and confused (Kim Bartley)
- 40 hours of training just isn't enough to get peers up to speed and focused on what is most important for them to do.

DSAMH Updates— Nichole Cunha

Evaluation of Crisis Services and Addressing Inequities. A Behavioral Health Crisis Program is not just a single crisis program. It is a set of structures, processes and services that are in place to meet the types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently. Their job to find the gaps and close them. Update on work currently underway. Have been working on it for over a decade. 988 crisis line to go live by July 2022. Goal is Crisis Care Now. Anyone, Anytime. Anywhere. Utah Crisis System now is a funnel starting with the crisis line (to be 988) down to sub-acute hospitalization (through mobile crisis outreach and 23 hour observation). Current services:

- Crisis Line
- MCOT
- Receiving Centers
- Youth Centers
- Warm Line

- SafeUT
- Stabilization and Mobile Support
- Utah Strong Recovery

Confluence of Inequity and Service Provision. Including the intersectionality of structural racism, policy inequities and inequitable access due to behavioral health. Need to better understand the communities for whom the system is currently not working. Doing boots on the ground research to understand and meet those needs in our state. Reduce reliance on law enforcement and emergency responders. Process of research for 988: First focus groups, survey to consumers to identify barriers, results compiled and presented to the legislature. Contact information: NicholeCunha@utah.gov

Martha's concern about over-surveying BIPOC people and wanting them to look at existing data and research before surveying so we know what is already "known" and don't recreate the wheel. Kim assured her that they will do a robust review of literature so that they aren't repeating what is already knowable.

Block Grant --Kim Myers

Received a block grant supplement. \$12 million a year for 4 years. Collecting feedback. 10% First episode psychosis, set aside for crisis services. 3 or 4 buckets to prioritize:

1. Peer Support Services-build up infrastructure and support and supervision and career laddering.
2. Other considerations for workforce development, hiring, expanding the workforce.
3. Equity related work, culturally responsive and relevant, linguistically, digital equity around telehealth.

Anyone who sees a big gap they want addressed. Ideas to strengthen things at large.

Will the division really have substantive input, how much legislature input? Legislature will have less of a heavy hand in the block grant fund.

If anyone has feedback, even about one time funding. Reach out to [Pam Bennett DHS](mailto:pbennett1@utah.gov).

(pbennett1@utah.gov) The time is really tight, so get ideas to them in a week or two. June 15th is the date by which you should get them ideas. Want the broader realm that will allow funding to get to niche audiences who need those resources.

Adjourned at 2:14 P.M.

Thank you for your support of the UBHPAC!

Accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.

The State has adopted a stipend policy that will pay for reasonable travel expenses related to consumers and advocates attendance at UBHPAC meetings. For more information please visit www.dsamh.utah.gov – Initiatives – Behavioral Health and Advisory Council – Information & Forms – UBHPAC Stipend Policy.

All meeting minutes and recordings are posted on the DSAMH website at:

[UBHPAC Approved Minutes | DSAMH](#)