



## *Behavioral Health Advisory Council*

### *Meeting Minutes*

*June 19, 2020*

Conducted via Zoom Conference

**Friday, June 19, 2020**

**Council Members Present (online or phone):** Paul, Milward, Sam, Amanda, Ben, Chassity, Jessi, Jo Ann, Laura, Lori, Michaela, Doug, Sunny, Rob, Donna, Brenda, Trudy, Cassie, Kat, and Sharen.

**Stand-in:** Katie (Grace for 2 Brothers)

**Behavioral Health Staff (non-Member):** Erica, Dani, and Megan

**Public Members:** None

**Excused:** Sherry Mercer

**Guests:** Andrea “Andi” Summerville, WAMHSAC

No additions to the agenda

### **Meeting Minutes -**

#### ***Approval of Minutes:***

Donna moved. Trudy 2nd.

#### ***Vice Chair Final Vote:***

Sam Borbley accepted the Vice Chair position. Rob moved, Laura 2nd.

#### ***Updates from Chair:***

Northern moved from in-person to telehealth. Centers stepping back to in-person operations with masks, cleaning procedures, etc. Stating he believes the MHSAC system has responded well to the COVID-19 pandemic.

#### ***MHSAS Update – MHSAC Staff***

*Updates from the Mental Health and Substance Abuse Services Section Administrator, Ben Kifer:*

Ben applauded the providers of Mental Health and Substance Abuse and WAMHSAC.

The Division received approximately \$2 million from the COVID-19 Grant for residential care. Hoping to offset the impact of COVID. As COVID also brought out vulnerabilities specific to Wyoming Behavioral Institute (WBI) intake.

House Bill 21 ([HB0031](#)) - Coordination between the Wyoming Department of Corrections (WDOC) and the Wyoming Department of Health (WDH). The purpose is to improve the quality and accuracy of substance abuse assessments administered to persons with criminal justice involvement (known as the “justice involved population”), enhance behavioral health services for community providers to improve outcomes, adopting standardized, evidence based treatment practices and guidelines for treatment, increase communication between the two Departments, promoting and requiring assessment tools, and



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creating a competitive and outcomes based funding stream for behavioral health providers. WDOC was sub-awarded by the Council of State Government. PA opportunities with centers on ASAM, where ASAM testing can be conducted online. WDOC Coordination between coordinators and providers will redeem recidivism rates.

Newer individuals with MHSA:  
Casey Quinn, Quality Assurance  
Ashlie Gregorio, Treatment Services Specialists

The Governor did request budget cuts for each Department and the Behavioral Health Division is included in those budget cuts.

Paul thoughts: The budget cuts are so big, a sign for all to pull together and do the best possible. Ben and the Division have been super approachable while figuring this all out. State General Fund (SGF) dollars - most other states have found other ways to pay for these services, whether that be Medicaid expansion, etc. The Wyoming Legislature has chosen to fund programs using SGF. It makes the services low hanging fruit, there are few options to fund the things the providers do. The current crisis in the subcommittee; we need to find other ways instead of writing the SGF dollars in a check.

The Crisis Line did come up and there is work being done.

A question from Katie to Ben. "What is the best way to find out information and future timelines on the call centers, please? Thank you"

Ben's response: Suicide Crisis Line - as most people would think it would be with the Behavioral Health Division, it is actually through the Public Health Division through the Prevention unit. All that work and the contracts will be through that Division. That being said, Ben talks to Kevin [Hazucha] from Central Wyoming Counseling Center (CWCC) quite often. Ben thinks the line might be able to get the crisis line up running by the end of summer or beginning of fall, maybe not 24/7. Would rather have Kevin or Public Health step in and take the answer; they were awarded the contract but no knowledge of effective date. Infrastructure has been developed on CWCC's side.

Requests to have Kevin Hazucha and Lyndsay Martin on Crisis Line for the next meeting. Requesting more information on the Crisis Line. More in depth discussion.

Budget cut questions from Milward to Ben. "Will the budget cuts only affect the SGF's, and not others like Federal Funding?"

Ben's response was "correct".

Paul - We do leverage Federal dollars based on state dollars; and there is a requirement, specifically on the block grants.

Ben - The Maintenance of Effort (MOE) has been a mess for many years, which won't get any better. For every dollar spent there is a match. The MOE is the balance, and we've been out of balance for a long time. There won't be a change. SAMHSA does not generally take these funds out. The Division



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asked for an exception request based on extenuating circumstances (employment rate, loss of revenue), federal dollars will not be pulled out.

Megan - The Substance Abuse Block Grant we haven't met in the last five years. Mental Health Block Grant wise we have met in the last two years; but there is a trend of the third year dipping under the MOE requirements. MOE is very important to the block grant, but SAMHSA has not taken money away from any state due to this. The only state that has had funds reduced was due to refusing to do a specific section of the block grant, not because they couldn't make MOE.

#### *Updates from State Planner on Block Grants:*

Currently, the mini-application has not been opened up. Request a review audience.

*Update since meeting:* Mini-application opened up July 1, 2020 and is due September 1, 2020. The meeting has been scheduled for the individuals who are interested in reading the application and making sure it meets the needs of not only the block grant requirements, but the populations the council oversees. All BHAC members will be optional to join in, if possible.

### **Legislative Updates with Andi Summerville, WAMHSAC**

Paul sent out the presentation from Andi via email; please see the attachment to the meeting minutes - these notes are from what was discussed, not exactly what was on the document.

#### **Interim Committee Work**

*Mental Health Related Bills* - Please see attachment.

Top shows a summary from early February. House Bill 31 is the only bill that didn't die.

#### *Labor Health & Social Services:*

Mental health task force in 2005 and 2006; interim committee work, MH & SA are a top priority and the Legislatures do have a charge. Highlighting the subcommittee, just an over of the mental health care system; provider rates, streamlining delivery systems, and WDOC connection to MH and SA. Charged at looking at telehealth.

#### *May Joint Judiciary Committee:*

Met in May to discuss some COVID related topics, specifically telehealth within the jail systems, to ensure that WDOC has appropriate telehealth technology for individuals within and transitioning out of jail. WDOC to make sure that providers are able to get in and provide all health services, not just mental health and substance abuse. Did pass additional funding in the meeting. However, with the fact there won't be a special session in June and probably not until September, any work the subcommittee has



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done, any work completed, was unclear in terms of the Governor's priorities in spending the COVID dollars or forwarding to the sessions in September. Currently unknown at this time.

Title 25; specifically Attorney General's Committee come back to the Joint Judiciary Committee in August with revisions. WAMHSAC is participating on the committee. Currently, Title 25 is under a broad review, not focused on funding or policy but really the written technical aspects of the statute. The view is large ranging on how the statute is laid out (breakout to articles), clarify definitions, specifically clarifying responsibilities of payment: transportation, clothing, ancillary items, etc. The Committee is supposed to come back in August to discuss.

#### *June Joint Labor Health Committee:*

Biggest piece of the Joint Labor Health Committee is that WAMHSAC provided a brief standpoint on what funding streams, issues with private payers, and what this looks like. Discussed T-25, provided a review of the Judiciary Committee was doing, and all the prior work discussed and completed on T-25 over the past four or five years. The Committee discussed services with youth with Serious Emotional Disturbance (SED), which can't be served with resources from the state.

Questions: How do we better serve these kids, so they are not being moved out of state? Could we put them at the State Hospital? Could we start a Children's State Hospital? More to follow, coming up.

Passed several bills. Please see handout on bills with descriptions.

Community Health Center & Rural Health Clinic Assistance: Already exists in statute, however the funding has not been provided over the past years. Re-establish the program, using Care's Act Funding, providing capital construction and maybe some telehealth resources for community mental health centers and rural health clinics, up to about \$400,000.00 each. Because this bill was tied to COVID funding, the Governor has authority to distribute funds - no idea if it will stay or go.

Insurance - Mental Health & Substance Use Parity: Centers and providers across the state have transitioned to telehealth services across the state due to COVID. In March, WAMHSAC and other groups worked hard with Medicaid to loosen restrictions on telehealth. Restrictions on platforms that can be used, have been temporarily suspended, and private insurances have agreed to pay to telehealth services across the board. The bill would make the payment piece permanent for private insurance companies operating in Wyoming, so they would have to pay at the state rate per person visit, as an in-person visit. Discussion on coding, and in the weeds, but really no push back. No funding tied to it, think it will be brought up in the September session. Telehealth discussions of all the pieces, CMS and private insurance companies, will the rules be rolled back? Become a really important tool, and for Wyoming to be able to provide telehealth to rural communities is important. Keep watching.

Health Care Provider Loan Repayment: Designed to be used with Care's Act Funding, don't know where it will go. The Committee asked for the bill to be brought back with revisions. Was not passed in this meeting. Problematic due to the restrictions on when the loan can be used and



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what could fit into the Care's Act Funding requirements and restrictions. Requested using this as a hazard pay stipend for all healthcare workers so there wouldn't be a student loan to qualify for, it would essentially provide payment to all healthcare workers who have worked on the front lines during the pandemic. Special session delayed - tied to Care's Act Funding. This is just setting out there.

#### *June Joint Corporations Committee:*

This is not usually where we find our mental health and substance abuse topics, but did in June. When the Legislature met for the special sessions in May to pass the COVID related bills to spend the Care's Act Funding. One of those bills, the Wyoming Business Council COVID Program (3 of them). Discussion on whether to include non-profits as an eligible entity. Shout out to Milward from Recover Wyoming for assisting WAMHSAC directly, to try to get the rules changed. This would help the Community Mental Health Centers (CHMC) by keeping them moving forward. Really good conversations with the Wyoming Business Council, and the Council is currently writing up rules. It would apply beyond the CMHC, it's across the spectrum.

#### *Joint Sub Committee Mental Health & Substance Use:*

Met for the first time in June. Broad discussion on the MH system in general. Drilled down on Community Mental Health System, Title 25, and Gatekeeping. Committee will come back, determining what the mission will be. Who should they serve? Two things are going on here in this instance: (one) the budget cuts as Ben mentioned, and (two) the long-term question, who should the system be serving and what does that look like?

This Committee is expected to be the big one for mental health and substance abuse. Frequently meeting.

#### *Suicide Lifeline:*

Central Wyoming's physical space is ready to go. Suicide lifeline training is being completed, as there is a specific training that goes with along with the Suicide Lifeline. On their way. Goal was to do it as soon as possible, in light of the pandemic. The local resources that the Lifeline will provide. Currently, because Wyoming does not have an in-state call center, they transfer to out-of-state, almost like a long distance referral. With the Lifeline being local, it will build up the local resources for warm handoffs.

Additional information on non-profit entities by Milward: Travel, Recreation, Wildlife & Cultural Resources discussed funding for non-profit entities. The Cultural Committee oversees the tourism, cultural resources, parks, etc., drafting several bills addressing non-profits. A testimony from the Governor's Office, that a decision had been made, nonprofits and veterans will be included in programs 2 & 3.

Programs won't be available until July, the programs need to be rated, as they are a little more difficult than program 1.



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*Special Session:* Please see document.

#### **Wyoming Executive Branch Update**

*Governor's Office:*

Budget reductions. The CMHC stand point, it is known and anticipate a budget reduction that will reduce services across the state. WAMHSAC is working hard together and with the State, but there will be a reduction in services and funds.

*National Governors Association (HB31):*

The Governor's Office applied for a grant to send a delegation to the National Governors Association Program, on the Strengthening Substance Use Disorder Systems. This is part of the work being done on the HB31.

*Wyoming Business Council:* Please see above and the document.

#### **Federal Legislation Update**

*Cares Act Funding:*

Very complicated and about 850 page bill. For Mental Health providers, there was \$175 billion, designed to go out to healthcare providers, including Behavioral Health, initially opened up through a Medicaid formula. The end game is to provide providers 2% of their total revenue. Back to them by direct contribution through the United States Department of Health & Human Services (HHS). That didn't quite work, a number of providers received only the 2% of what they billed Medicare. Recent discussion on how to get to this fixed, opening up a Medicaid portal where applications can be sent for any Medicaid services. Discussion opening up a third portal if they didn't receive the 2% of total revenue to apply again.

*COVID Relief Package #4 / Natl Council for Behavioral Health:*

Please see the brief summary in attachment. \$3 Trillion package, SAMHSA (Block Grants include), Project AWARE, National Child Traumatic Stress Network, Tribes, Technical Assistance, etc. Negotiations include \$38.5 billion to go directly to the CMHC's. This would mean funds would be provided by the Federal Government directly to the CMHCs, skipping the State. Timeline for this, US Congress will have a recess and will be discussed when they come back. Driving the funds to Mental Health services.

*LPCs & Medicare:*

LPC's cannot bill Medicare at this time. We don't have tons of providers across the state, the LPC needs to be able to apply for Medicare. Recommended a different approach; requesting LPCs be able to bill



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Medicare in rural, frontier, and underserved areas. Giving a foot-in-the-door, giving a pilot of true cost of Medicare. Working with Senator Barrasso's office.

Questions:

Milward - What has been your experience with elected officials and dispositions?

Response - Right now, we don't know. WAMHSA works really closely with Senator Barrasso.

Please send any questions or concerns to Andi Summerville. Thank you Andi for joining us.

Paul: Request Bill Rein to chat about facility's changes in terms of Title 25.

### **Open Discussion on COVID-19:**

Paul: COVID has impacted everyone, this is open for all. Sam, what is the standpoint of Corrections? Real interest. Trudy, what is the perspective of the Substance Abuse Centers in relation to COVID?

Trudy: We saw a sense of isolation and increase in substance abuse issues and crises. Many across the state, were getting higher crisis individuals, even family members. The whole nation was infected. Could really see how the entire country was affected by COVID. Even though there was telehealth, isolation was there.

Paul: We're just seeing the amount of alcohol consumption increasing.

Trudy: Yes, the amount of alcohol consumption has definitely increased.

Laura: Recover Wyoming closed down in mid-March and was in the middle of their Peer Specialist Training in Rock Springs. Pushed three days of training down into two and the rest of the training was virtual. June 8th, Recover Wyoming opened back up with requirements of masks - those who don't bring one are provided one. Only allowing three external people at a time, which hasn't been a problem. Recover Wyoming is still serving participants. The All Recovery Meeting is being conducted via Zoom. Which has been amazing, much like Church services on Zoom, the meetings have doubled in attendance, because people all over can attend. Due to Peer Specialists attending those within the state, they are able to stay in touch with the meetings. Plan and expand on Peer Specialist. Eventually the meetings will be back in-person. Staff has remained busy and Recovery Couches have been in touch (text, FaceTime, etc.).

Trudy: A lot of self-help has been opened through Zoom, and given people that support, even if they are not in-person. The AA Meetings have been through Zoom and have been really well supported.

Sam: Kudos go out to the Corrections staff within the State in response, gearing up, and managing the justice involved population. Non-essential staff, who can, have been remotely working. Treatment and programming within the prison have been scaled down, limiting groups to nine (9) offenders with a facilitator. We continue forward as much as possible. The Correctional Officer Training Academy has stepped up to the plate, going virtual and will probably maintain the virtual training in the future, as they've become very skillful. Visitations in prison have been suspended. There is some discussion of



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relaxing the suspension, as things progress in a safe manner, depending on future COVID status. At this time of the meeting, no confirmed cases of COVID within the prison, though there have been some exposure to staff. Those staff members have been quarantined. Ramping up video visitations for prisoners and family. Trying to open that up for family. Any questions?

Milward: Any concerns about COVID spikes within the prison?

Sam: Concern is definitely there. Corrections is very serious about taking temperatures, wearing masks. The inmates have actually geared up as well, making masks not only for fellow inmates, but the staff as well. Precautions are very serious, and the inmates have responded really well to the pandemic. They're doing their best as well.

Paul: Anyone else?

Rob: All of our clinics have remained opened. Telehealth has been a help, but still limits, some procedures have been put off until we can have safe in-person meetings. As a part of the recovery community in Casper, most of the meetings have been via Zoom. There are changes, so it will be interesting to see how that goes. A lot of programs are conducting meetings with little restrictions to safe distancing and mask requirements. The 12/24 Club has been opened with limitations on safe distancing, how many go in and mask requirements. It'll be interesting to see what will happen in the future.

Michaela: Been working from home since early March. The Mental Health Wellness Group took a little bit to get back up, but clients are loving the Zoom function. They get to stay at home and show their projects. The Substance Abuse program, responding well too, the Peer Specialist group and Life Skills are doing activities out in the park. Clients are able to get out and exercise. Isolation is a major concern, trying to prevent isolation within the community.

Paul: Other folks?

Milward to Jo Ann: COVID has been difficult for students and teachers to move everything out of the classroom. Wondering what you might be seeing with your client's and impacts?

Paul: In terms in response and how are they dealing with it? It's been interesting, there have been individuals who have really struggled with this, in terms of technology and distance. On the other hand, telehealth has made a stronger connection and sometimes more personal connection. We are seeing, people are feeling distanced, isolated, out of sorts, anxiety, and depression. Thinking that substance abuse issues are more prevalent than what we're getting a measure of right now. Now that we are going back to in-group sessions (mask and social distancing), feedback from clients is positive. Clients are very thankful for that because they have human contact. There is a lack of human contact.

The economical impact is another issue. We haven't even seen anything close as to what is going to happen. An article shared, for example, was over Sheridan College and was titled "Financial Emergency" conducting a special board meeting discussing budget reduction, which will probably result in layoffs and cuts. On top of the other things, like the general anxiousness, the issues are going to pile up. There is a push to provide access to services. Does that answer your question?





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Milward: Yes.

Sunny: Tribal and within County update. Sunny was tasked with managing the COVID Camp at the grounds. The transient population had contracted COVID and an established quarantine area was needed to be set up to keep the community safe. Some of the homeless population use substances, there is a really tough detox process. In the first few days, I started off with 14 individuals and got up to 22. Currently (as of this meeting) there are 15 individuals at the camp receiving services. The Tribe was able to acquire man-camp trailers from the oil fields (Stallions) need something to house individuals in a very humane way and consider it to treat them with the best possible means. A medical provider, case managers, go down to provide services multiple days a week. People are very creative and still find ways to get alcohol into the trailers. If they could take that creativity and apply it to their recovery that would be amazing! Once they finish completing quarantine they are encouraged to continue treatment services. Several have been to the recovery home, and some placed into the VOA awaiting in-patient.

One of the biggest struggles is waiting for in-patient beds at the VOA. The community really came through with donations, Celebrate Recovery was amazing (donated water, Gatorade, and snack), and 3-meals per day is provided by the Wind River Casino, the trailers have A/C and DirecTV, washer and dryers; many did not have clothes, those were provided by the community, along with toiletries, finger nails (big issue). The community really worked well together. Sunny did work out the community a lot, evenings, and weekends. Hiring a few clients from down there. Outpatient services are still available, telehealth, homework to IOT clients. There was a challenge there, relapse was huge in crisis situations. Stress is already hard enough, and isolation, the grounds do offer a place for individuals to get out and walk around. Isolation at the Wind River Casino on Shoshone Rose, both Tribes have allowed to have quarantine rooms there, and there have been a lot of walk offs, which was their biggest issue.

Nine (9) people have been passed, with currently two hundred (200) COVID positive cases within the Tribal Community. Due to the community being so close knit, this has been very hard. One family had three members pass away, another family lost a younger member who had no prior conditions or health concerns, and there has been an increase of individuals lost due to kidney failure the past few months. As previously mentioned, there has been an increased consumption of alcohol. Driving home, Sunny would see ten or so cars in the drive thru at the liquor store. The bars are open. The numbers have not gone down in terms of COVID positive cases. Which is why the Tribes have not lifted the stay-at-home orders within the community.

The staff has been amazing, telehealth is greatly utilized. The Peer Specialist all have crisis phones now, which has been a great success. They are available to the community and the strongest resources within the program.

There are still residents at the recovery home. Those individuals have also been quarantined. So Sunny and her group have been trying to come up with different ways to keep the resident's busy. They take hikes in the mountains, and were donated therapy goats, garden (planting), and try to keep clients from isolation.



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The clients that were in two week quarantine, even though a blast, they generally are back on the streets and using again. We served fifty-five (55) people at the camp and got four (4) of them into treatment from the camp. Happy with the four individuals who did go further in treatment services. Not all within the camp were positive cases of COVID, but had been exposed. It has been interesting.

Paul to Sunny: First, appreciate the update. But what I really want to say is, it is very impressive the work you are doing, the effort you are putting into, and the tenacity you have. Four is an awesome number, it's better than zero! The particular group you work with is tough. Thank you for all your effort and it is truly impressive!!

Rob: I concur, great job Sunny!

### **Next BHAC Meeting**

Meetings are good to be set via Zoom. We can visit the WSH and WLRC next year upon completion.

### **Topics Suggested for next agenda:**

- Central Wyoming Counseling Center and Public Health Division on the Crisis Line
- Bill Rein on the changes to Title 25 and the WSH
- Budget cuts - update from Ben, Andi (WAMHSAC), and anyone else - what is the result?

August 14, 2020 has been updated to September 18, 2020. Zoom meetings will be updated.

### **Public Comment**

Laura Griffith's retirement party scheduled for June 30th. Light snacks and beverages will be provided, please keep in mind the COVID-19 social distancing guidelines.

### **Adjourned**



## Legislative Update:

### 2020 Wyoming Legislative Session

#### Mental Health Related Bills:

**SF107 Penal Addictions Licensing:** Died in the House

**HB30-Mental Health Task Force:** Died in the House

**HB31-Criminal Justice Mental Health Programming:** Passed and signed into law. Work has begun with DOH and DOC.

**SF113 -Clubhouse services repeal:** Died, did not make 2<sup>nd</sup> reading cutoff date.

**HB119-School Medicaid billing authorization:** Governor Vetoed 03/30/2020

### Interim Committee Work

#### Labor Health & Social Services:

##### **Priority #: 1 Mental Health and Substance Abuse**

The Committee will examine mental health and substance abuse issues to identify better health outcomes and savings to the State. The committee will consider mental health workforce needs, suicide prevention, sources and structure of funding and placement for prevention services, community services, and residential services for children and adults, and will follow up on Department of Corrections (DOC) issues and the transition of incarcerated individuals to community service providers upon release. As part of consideration of this topic, the Committee will appoint members to a joint subcommittee, also comprised of members appointed from the Joint Appropriations Committee. This joint subcommittee will seek to address mental health funding concerns and will consider sources and structure of funding for prevention services and community services to include 1) provider reimbursement rates; 2) streamlining reimbursement and delivery systems to ensure priority patients are receiving appropriate services; and 3) follow up on DOC mental health and substance abuse issues in relation to reducing recidivism rates and improving the successful transitions for incarcerated individuals to community service providers upon release. Any legislation developed by the joint subcommittee shall be forwarded to the Joint Appropriations Committee or Joint Labor, Health and Social Services Interim Committee consistent with the substantive jurisdiction and oversight role of each committee.

##### **Priority #: 2 Telehealth**

The Committee will examine options available to further utilize broadband and telehealth services to increase access to and reduce costs of healthcare services. The Committee will consider:

- Existing barriers to implementation of a robust telehealth system and develop legislation that may be necessary to eliminate those barriers;
- Availability of FCC and USDA funding for Wyoming Business Council Broadband Development Program grants, for broadband and telehealth services in rural areas;
- Options to assist small health care providers with IT resources;
- Integration of electronic health records into telehealth services, including a stroke registry.



**May Joint Judiciary Committee:** Judiciary has advanced the discussion to the next special session regarding telehealth funding, specifically for local jails, Dept. of Corrections and transition facilities to better provide both mental health/substance abuse telehealth treatment as well as medical appointments for criminally involved clients.

Title 25 is also a focus of the committee. In May, Judiciary directed the County Attorney's Association to engage with stakeholders and return to the committee in August with proposed revisions. WAMHSAC has joined that committee to represent CMHC in the revisions.

**June Joint Labor Health Committee:** A brief presentation from DOH & WAMHSAC was given regarding CMHC during the meeting. DOH provided some basic information regarding funding sources, including estimates on private payor. WAMHSAC spoke directly to payment sources and general funding and the challenges CMHC face with private insurance as a minor payor source. The committee also discussed services for youth with SED that cannot be served with resources currently in the state. More to follow on this discussion at the next Labor/Health meeting.

Joint LHSS passed two relevant bills that will go to a special session (if held). WAMHSAC advocated and supports both bills.

- [Community Health Center & Rural Health Clinic Assistance](#)  
This bill provides for capital construction and possibly telehealth money for CMHC and Rural Health Clinics, up to \$400K each. **(With the delay of the special session, this bill's future is in doubt.)**
- [Insurance- Mental Health & Substance Use parity](#)  
This bill requires all insurance companies to pay the same amount for telehealth (audio/visual & audio only) as an in-person visit. This is an important step of the continued development of telehealth services across Wyoming, especially rural areas.

The committee requested that the [Health Care Provider Loan Repayment](#) bill be revisited on June 19<sup>th</sup> meeting. The bill could change to a hazard pay stipend for healthcare workers. **(With the delay of the special session, this bill's future is in doubt.)**

**June Joint Corporations Committee:** Corporations committee met in June and discussed inclusion of nonprofits in the Wyoming Business Council COVID programs. The committee voted unanimously to write a letter to the WBC asking that nonprofits be given full participation. The committee also discussed a bill draft to include nonprofits if the WBC does not change its rules. The discussion was clear that the legislative intent was to include nonprofits in all WBC programs.



**Joint Sub Committee Mental Health & Substance Use:** Committee met on 06/16/20 for a broad discussion of the Community Mental Health System. Discussion included a review of the system, Title 25 & CMHC as well as funding challenges. The committee intends to come back and discuss in more detail “What should the mission of CMHC in Wyoming be? Who should they serve?”

**Suicide Lifeline:** The Dept. of Health has issued a notice of intent to award for the establishment of Wyoming’s first local Suicide Lifeline call center. This project is a huge success for Wyoming and will allow Wyoming residents to be served by a fully trained call center with access to local resources.

**Special Session:** WAMHSAC does not believe there will be a special session this summer. There is discussion of a special session in September if needed.

## Wyoming Executive Branch Update

### **Governor’s Office:**

On June 4<sup>th</sup>, 2020 Governor Gordon announced steps that the State will be taking due to the downturn in revenue. Forecasts currently predict up to a 25% reduction in revenue coming to the state. As of 06/10/2020 the Wyoming Dept. of Health is advising up to a 20% reduction for CMHC through the state contract. These estimates may change in the next few weeks.

### **National Governor’s Association (HB31):**

The NGA’s “Strengthening Substance Use Disorder Systems” program has been rescheduled to June 29, 2020. Wyoming is sending a 5-person delegation.

### **Wyoming Business Council:**

WBC approved emergency rules for COVID Business Stipend (Special Session Bill #4) program number one in late May that excluded nonprofits. WAMHSAC has partnered with Wyoming Nonprofit Network and other nonprofit representatives to form a WBC nonprofit task force dedicated to getting nonprofits approved for all three WBC COVID assistance programs. WBC has met with WAMHSAC and other nonprofit representatives and is currently in the process of crafting rules for programs #2 and #3.

## Federal Legislation Update

**Cares Act Funding:** CMHC continue to be challenged in participating in CARES act funding for Healthcare providers. Although they are eligible, distributions through a Medicare formula and challenges with the HHS distribution system continue to provide obstacles.



**COVID Relief Package #4/Natl Council for Behavioral Health:** The National Council continues to advocate on behalf of all CMHC's for additional funding through COVID package #4. National Council is asking for \$38.5 billion to be distributed directly to CMHC. The current \$3 Trillion package proposed by the US House of Representatives includes \$3 billion for SAMSHA, including:

- \$1.5 billion for the Substance Abuse Prevention and Treatment Block Grant
- \$1 billion for the Community Mental Health Services Block Grant
- \$100 million for Project AWARE, which includes Mental Health First Aid in schools
- \$10 million for the National Child Traumatic Stress Network
- \$265 million for emergency response grants to address immediate behavioral health needs as a result of COVID-19
- \$25 million for the Suicide Lifeline and Disaster Distress Helpline
- \$150 million for tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs
- Establishes a technical assistance center at SAMHSA that will support public or nonprofit entities and public health professionals seeking to establish or expand access to mental health and substance use services associated with the COVID-19 public health emergency
- Authorizes SAMHSA to award grants to support local, tribal, and state substance use efforts that need further assistance as a result of COVID-19 for the purposes of:
  - Preventing and controlling the spread of infectious diseases the consequences of such diseases for individuals living with SUD
  - Overdose education, counseling, and health education for individuals at risk of SUD

Although a fourth COVID package looks possible, the details may change substantially with the Senate modifications. WAMHSAC is in regular contact with all three Wyoming delegation members and have asked for their support.

### **LPCs & Medicare**

WAMHSAC has partnered with the Wyoming Counseling Association to work with Senator Barrasso's office to move legislation forward allowing LPC's in rural or underserved areas to bill Medicare. Senator Barrasso's staff is currently working on the Senate response to COVID package #4 and has confirmed this item is in discussion. Senator Barrasso has sponsored legislation in the past to address this issue. However, the first estimates from the Congressional Budget Office (CBO) were staggeringly high and resulted in stalled legislation. By modifying the request to rural and underserved areas only, Wyoming is included entirely, and it will give as a "pilot project" to look at true numbers of the cost to Medicare.