

September 8, 2021 | 10:00-11:00am

Meeting materials:

<http://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-sept2021>

AGENDA

- 10:00-10:05** **Welcome & Introductions**
- Please update your Zoom name to include your organization. Thank you!
- 10:05-10:15** **2021 initiatives update**
- Supervision Support
 - SUDP Alt Certification
 - CPC Training Support
- 10:15-10:45** **2022 planning brainstorm**
- What would you like to pilot? What could we do 2.0?
 - What opportunities do you see in the community/your org/the policy environment?
- 10:45-10:55** **Partner Updates**
- Charlie Health – Bethany Osgood
 - Excelsior Partner Space Request
 - Other – open call
- 11:00** **Wrap-up & next forum**

NOTES

2021 initiatives update

- Funding & spots still available for supervision support & SUDP Cert
- See meeting materials for details
- Need help finding SUDP supervision – BHT will follow-up

2022 planning brainstorm – Areas for support

- **Supervision support – SUD & policy change**
 - Can we set up support for training peer supervision?
 - Supervision is big barrier to SUD
 - Completed SUDP thru BHT, but now have challenge of finding supervision
 - A lot of policy issues around supervision to be able to get paid for it (because we're not a BH agency). Can't bill for someone or have to bill under license – policy change

- **Burnout**
 - Horrific burnout, funding or support for counseling for the BH workforce, no barrier
 - Agree with burnout! We need a task force that works on reducing paperwork. This is the largest barrier to quality care.

- **Training support**
 - WAC staff training & QM plans, number of years they watch Marty Smith videos. Spend money on safety training & cultural competency (use Relias, but becomes limited). Focus on what WAC requires, do some regional trainings
 - Invested a lot in EBP, and no sooner than train, staff leave. We are recruiting folks so green, learning collaboratives around a specific state approved EBP, fund some of the training
 - I would like to see train the trainer on some EBPs
 - Having a quarterly training coordinated and paid for for an EBP would be fantastic!

- **Ways to support retention**
 - School loan forgiveness, matching tuition fees to help grow next group of workforce, support diversity in workforce
 - Student loan forgiveness or similar
 - A lot of policy issues around supervision to be able to get paid for it (because we're not a BH agency). Can't bill for someone or have to bill under license – policy change
 - Not looking for financial initiatives for retention. Want more time off or improve quality of workplace – more time to collaborate, get training, recover with PTO
 - Yes, there is little collaboration in the workforce anymore. Everyone is scrambling just to get the work done
 - We have great quality and training...which keeps staff through the training phase, then they want money to repay loans and live - so we lose them to the dream of private practice.
 - Staffing is really our biggest challenge. We've lost many behavioral health providers since June, mostly to the other local orgs. Recruiting from other community behavioral health providers seems counterproductive. Meeting the need with a lower level of care like a community health worker wouldn't be honoring the voice of the consumer requesting therapy. We're feeling stuck.
 - BH track at EWU for the SW, like the CTAP program where tuition is paid in exchange for working with agency for X years after graduation (or Spokane community with BH provider) – agree to stay
 - Looking at why people stay at jobs, has to be a min amount of pay to be able to live. Other issues include communication, enjoyment, wanting to make difference, train the trainer – feed into making a difference. Why are the folks who stay staying?
 - Agreed, it's more than money.

- **Policy Change**
 - I would love to see some work focused on policy change regarding becoming an Agency Affiliated Counselor. This is a requirement for Certified Peer Counselors to be billable under Medicaid. This presents barriers for people with lived experience with the criminal legal system.
 - BHT may want to consider contacting the Washington Behavioral Health Council to leverage their work on stigma and Peer Specialist credentialing (i.e., challenges with background checks, CJ...) I have Chairs contact information - if interested, let me know and I'll email you.
 - A lot of policy issues around supervision to be able to get paid for it (because we're not a BH agency). Can't bill for someone or have to bill under license – policy change

- **Administrative support, esp. for navigating state bureaucracy**
 - If someone could do the research at the provider level about who is qualified. Building internal loan forgiveness requires the admin.
 - Admin help on this would be very helpful.
 - If there were availability of support in adding to an agencies behavioral health license - this would be helpful. We're working to add low barrier mental health outpatient - this is a challenge due to not being my area of expertise, and can't afford to hire someone for the months that this process takes to complete with the state.
 - Perhaps some assistance with DOH credentialing and their extremely confusing website. And a flow chart – which license to apply for how, which requirements you can do online vs. faxed. Could be part of central admin support.
 - And sloooow. Hard to add new staff, takes so much time for NPI, provider 1, etc.
 - it's a big barrier to folks getting those clinical credentials, folks continue in nonclinical role to avoid process. And a lot of supervisors don't want to deal with it because it's so confusing.

- **Supporting specific populations**
 - Many of our youth struggle around gender identity, training for therapists
 - Working with **gender diverse patients** who also struggle with SUD. Are there folks in town working with that population? Are there groups supporting and more targeted?
 - Drop-in groups, esp in **rural communities**. EG women's drop-in group. Help with isolation
 - We are seeing a lot of stress, trauma and behavior concerns in early childhood settings/childcare. We have funding to support one Early Childhood Mental Health Consultant to support over 400 childcare provider settings. There is a great need to support the **early learning professionals** in the childcare settings and children and families.

- **Education/License levels**
 - We are looking at creating a BAS in Behavioral Health at SFCC.
 - BH track at EWU for the SW, like the CTAP program where tuition is paid in exchange for working with agency for X years after graduation (or Spokane community with BH provider) – agree to stay

- **Salary Survey**
 - Value to this group looking at salary survey. We've done a couple of times. Haven't gotten helpful info, don't have a sense of accuracy and where things are across the board. One third party entity lead that charge.
 - In past surveys, we get "this is what BH pays", but we're also competing with state & local agencies & schools & hospitals. People with a BA are getting paid more than we can pay our MA. Here is what like agencies are able to pay, and why we're losing folks.
 - Add benefits to that
 - Yes, lots of interest across group for this
 - Where does Medicaid reimbursement need to be truly need to be to address (not just small % increase)

- **Other**
 - **Transportation** esp outpatient is a challenge. Access challenges.
 - **Community anti-stigma campaign**
 - Understanding continuum of care in BH care. Folks not knowing the proper level of care, how to step down or step up.

Partner Updates

See meeting materials for additional info

- Charlie Health
 - All virtual intensive outpatient program, address BH needs across PNW. Started in Montana to address needs in rural. 1/3 of patients are Medicaid.
 - Treating ages 11-30
 - No waitlist at moment
 - Support other providers who may have waitlist, residential, IOP step-down
 - Therapist Supporting Therapist group
- Excelsior Partner Space request
- Other updates
 - Tim Hunter, DSHS – workforce development initiative, working at intersection of BH and law enforcement. Want to learn about who is doing interesting things out there.