

BEHAVIORAL HEALTH FORUM NOTES

Feb 1, 2023 | 10:00-11:30 am

Meeting materials: https://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-feb2023

Review: How We Got Here

- Forum history
 - The Behavioral Health Forum started in 2018 as a convening body of behavioral health providers to support integration efforts, invest in workforce development, collectively address challenges facing orgs and community members
 - In 2021, the Better Health Together Board allocated \$1.2 million of integrated managed care funds to support behavioral health workforce initiatives
- In 2022, the Forum transitioned from being a BHT advisory group to becoming a self-governing body
 - o Charter
 - Guiding Principles
 - All are welcome to attend and participate in discussion. Votes/decision-making is for voting members, which are organizations who work with behavioral health clients or on workforce issues related to behavioral health (e.g. colleges and universities). Voting members should sign the Member Agreement.
 - o Year in review blog post
- Participatory budgeting in 2022: Big Bucket and Small Bucket identification, funds allocated in each category. List of initiatives with dollar amounts and descriptions

Workforce Initiatives: Ready to Go / Plan in Place

Five initiatives are planned and ready (with some administrative work required before full launch). The Forum did a lot of work in 2022 to get to this point. Thanks to everyone who has participated and supported these efforts!

Behavioral Health Supervision Support - \$150,000

- BHT facilitated a round of supervision support funding in 2021. At six-month reporting mark, dollars funded over 1200 hours of supervision for 72 individuals, training for five new supervisors, and \$5000 worth of licensing/supervision fees.
- o Plan to replicate this process with the newly allocated BH Forum funds. Organizations funded in the first round will be eligible.
- BHT is compiling a supervisor directory to offer as a resource, listing independent supervisors or organizations who have available supervisors. BHT will not be contracting directly with anyone, and it will be up to organizations to vet supervisors and make sure they fit your needs. We'll also post the WA-NASW supervisor directory.
 - ONGOING ACTION ITEM: if you or your organization would like to be listed in the supervisor directory, contact Hannah (<u>Hannah@BetterHealthTogether.org</u>).

• SUDP Alternative Certification - \$66,000

 Simple process (replicating process from past funding): Email Hannah to enroll. BHT will connect with Community Colleges of Spokane and pay invoices.



- Qualifying, not competitive application process. To be eligible, practitioner must be serving Medicaid clients in the BHT region (six counties in Eastern Washington).
- 17 slots available 5 remaining from previous funding, 12 from new BH Forum funds

SFCC Bachelor's in Integrated Behavioral Health Scholarship - \$45,000

- BHT (Sarah and Hannah) met with Dean Elodie Goodman waitlist of 27 students interested in applying for the program, first year (beginning fall 2023) is capped at 15 students based on capacity. The interest is exceeding space. Application deadline is April 3.
- BHT will work with SFCC to set up scholarship program and review applications. Based on recommendations of Forum, SFCC will use an equity lens to make decisions about who receives the scholarships.

Certified Peer Counselor Trainings - \$60,000

- Budgeted for 3 trainings at \$20,000 each. Talked with State and local CPC providers. Three classes
 expected to be completed in Spokane region by end of June. Over 100 people currently on the waitlist.
 Becky at Passages confirmed that their Lead Trainer is available for CPC and WRAP (Wellness Recovery
 Action Plan, which builds on the CPC training).
- o Discussion: shift from 3 CPC to 2 CPC/1 WRAP.

Question - Hallie: Our full team gets trained through the state – I'm unsure why we need additional trainings.

Answer - Sarah: State prioritizes people already employed as Peers by organizations, so the waitlist is often full of people not already employed or people who don't have organizational support. More people continue to be added to the waitlist.

Comment – Gail: Community-Minded has had a big increase in people interested in CPC training **Question – Ben:** Can you provide more information about WRAP?

Answer – Becky: WRAP was developed over 20 years ago by someone with lived experience. It is an intervention designed specifically for Peers, but other mental health professionals also use it. It is a modality for Peers to work with individuals and is an evidence-based practice. Creates a recovery-based plan driven by an individual going through different segments/domains of their life to make a comprehensive recovery plan. There's an app for download that can be easily used and accessed. It's highly effective. And a great next step for people who have completed CPC training.

Comment – Ben: WRAP fits as an emerging opportunity, stemming from CPC trainings. Concerned because 108 on the waitlist, need for more CPC trainings – want to address this need and get WRAP funding from other Forum budget line.

 INPUT: Vote <u>2 CPC + 1 WRAP</u> or <u>3 CPC</u> (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your vote):

Christi Lyson (she/her), IFD: 2 and 1

Gail Goodwin Community-Minded Enterprises: 3 CPC

Gail Kogle OBHA (she/her): 2 and 1
Joe St. John, STARS (he/him): 2 and 1

ben.descoteaux : 3 CPC Jeanne Walsh : 2 and 1

Kelli Miller (she/her): Frontier Behavioral Health: 3 CPC David Crump, He/Him Spokane Public Schools: 2 and 1

Shelly Hahn (she/her)- LCSNW: 3 CPC



Hallie Burchinal (she/they) Compassionate Addiction Treatment: 2 and 1 I meant

Amelia Weaks PHS SRSC: 2 and 1 Christie Pelz, Partners, she/her: 2 and 1 Cara Reidy (she/her), SCRBH (ASO): 2 and 1

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer – 2nd participant): 2 CPC, 1 WRAP

TOTALS as of 2/1/23

- 2 CPC and 1 WRAP: 9
- 3 CPC: 4

Joint Trainings – culturally specific/accessibility – \$47,000

- Based on Forum discussion in 2022, we are handing this off to the Eastern Washington Community Health Network. They meet monthly and discussed some of their training needs at their January meeting.
- Will keep the Forum updated and trainings will be available to the region (not just to people in the CHW Network) when they are offered.

Workforce Initiatives: Discussion

- Org stipends for taking on practicum students/interns \$125,000
 - December discussion resulted in the following decisions regarding this funding pot:
 - New slots (rather than existing slots)
 - Plan for a one-year pilot rather than a multi-year funding stream
 - Qualifying rather than competitive funding (if eligible requirements are met, funding will be distributed while dollars remain)
 - o Design Proposal: set up like Behavioral Health Supervision Funds
 - Organizations apply via web form, share their proposed design/budget outline, contract with BHT for funds disbursement and reporting
 - Flexible funding for dollars: option to cover supervisor's time, support portion of FTE in relationship development with schools, provide stipend to interns, cover other expenses related to adding intern slots
 - Discussion and decision-making needed on the following (discussion and voting/input detailed below):
 - Award amount per intern slot
 - Maximum slots per organization
 - Timing for confirming funds to organizations
 - Payment trigger when should payment be sent to orgs?
 - Use all funds now or hold some back?
 - Discussion

Dave: If I have five interns right now and receive funding for additional (number depending on the vote). Pay new interns and five existing aren't eligible but sets up in a negative way. Lots of efforts to be good partners with universities. Is this punishing the organization for doing that? What are the criteria for new? Number varies per year. Some funding could go directly to interns, some could go to the program for establishing that. It seems unhelpful if an intern gets a paid slot and a peer at the same university doesn't get a paid slot, this could be detrimental. Don't want to hurt any agency that's working with interns.



Christie Pelz: Agree Dave

Mary Beazer: Also agree with Dave

Sarah: clarify that money wouldn't have to go to new slot interns. It would go to the organization to use as they see fit. This could include stipends for existing interns as well as new interns. With the Forum's interest in expanding workforce, the funds would be tied to new slots but wouldn't have to be spent exclusively on new slots.

Dan Barth: please define new vs. existing

Sarah: if your organization has agreements and has been working with universities, most years taking on three interns and then take on a fourth, that would be the new slot. Based on Forum discussion in past meetings, there was clear consensus around wanting funds to support growth in available intern slots. Full recognition that the entire BH workforce is underfunded, funds could absolutely support existing slots. But related to expansion, the Forum wanted to incentivize and support taking on more slots than in recent years.

Christie Lyon: a slot is a student?

Sarah: yes. Request for funds – need to convey that the organization is adding a student, could use to support that student plus existing interns.

Dan Barth: why can't these be used for existing. I say that per current limited budgets and "new" slots just further strain the workforce.

Sarah: this was a point of discussion in the fall, and the Forum (not a BHT decision) decided that they were interested in using this pool of funds for additional students being taken on.

Dan Barth: is this for MSW candidates as well as ARNP?

Hannah: flexible for anyone pursuing a career in behavioral health, no requirement for a particular degree or educational program. Includes bachelor's degrees.

Amelia: can this be used for nursing students?

Sarah: yes, for nursing students who doing MH nursing, advanced nursing to become prescribers, etc. Question that is open for the group.

VOTE: Dollar Amount per New Intern Slot (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your vote):

Becky Hammill, (she/her) Passages: 2500

Dan Barth: 5000

Christi Lyson (she/her), IFD : 3000 Amelia Weaks PHS SRSC : 5,000

Gail Goodwin Community-Minded Enterprises: 4000

Hallie Burchinal (she/they) Compassionate Addiction Treatment: 5,000

ben.descoteaux: 5k

David Crump, He/Him Spokane Public Schools: I do not like this format. If I have to put a vote

in then I would vote for \$2,500.00 *Joe St. John, STARS (he/him) :* 4K

Kelli Miller (she/her): Frontier Behavioral Health: 4K

Gail Kogle OBHA (she/her): I will defer to those organizations that utilize interns

Mary Beazer: 2500, continue to agree with Dave

Sean Wright (he/they) Lutheran Community Services NW: 4k

Christie Pelz, Partners, she/her: 4k

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer – 2nd participant): support Amelia from

Pioneer's vote for \$5K



\$5000: 4

• \$4000: 5

• \$3000: 1

• *\$2500: 3*

Discussion

Hannah: Note concerns registered in the chat regarding format.

Sarah: A next step on this will be to take the discussion and feedback to come up with a proposed approach to share at the next meeting.

Dan: how is a "new" slot quantified or is it an honor system?

Hannah: define as an expansion of the typical number of intern slots. Recognize that slot numbers change from year to year, it would be up to the organization to determine what constitutes a new slot and to describe that in the application for funding support. Could be a point for future discussion.

Christie Lyson: wondering about number of slots being dependent on how many organizations apply for the funding, so priority would be given to each organization receiving one slot. If additional slots available, then run a lottery or another decision-making process.

 VOTE: Maximum Number of Slots per Organization (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your vote):

> Christi Lyson (she/her), IFD: 2 Joe St. John, STARS (he/him): 2

Gail Goodwin Community-Minded Enterprises: 2

Becky Hammill, (she/her) Passages: 2

Hallie Burchinal (she/they) Compassionate Addiction Treatment: 2

ben.descoteaux: 2

Amelia Weaks PHS SRSC: 2

Mary Beazer: 2

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer – 2nd participant): 2

TOTALS as of 2/1/23

• 2 slots: 8

 INPUT: Timing when funding needs to be confirmed to feasibly add new slots for AY 23-24 (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your input):

David Crump, He/Him Spokane Public Schools: August

Mary Beazer: June

Christi Lyson (she/her), IFD: May-June Joe St. John, STARS (he/him): June

Kelli Miller (she/her): Frontier Behavioral Health: June

ben.descoteaux: June



Dan Barth: May

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer): would need funds confirmed by end

of June

RESULTS: May at the earliest, August at the latest.

Discussion – payment trigger

Sarah: generally because of the source of funds, BHT request some kind of reporting or performance measure. With Supervision support funding, we wanted to get the money to everyone as soon as possible with 50% up front.

Christie Lyson: likes 50/50 and if goal is to establish ongoing relationship with the school to get interns, that may look different as far as how the money is used. Getting second 50% after internship agreement is signed may not be helpful in that case.

Dan: Dave makes an excellent point regarding duration of internship ... this needs to be seriously considered

Hannah; we'll synthesize this information and look for more feedback after the meeting. Will continue to move the conversation forward with more discussion and a further developed proposal in April.

o INPUT: Payment trigger for funds transfer from BHT to organization (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your input):

Mary Beazer: Flexible

David Crump, He/Him Spokane Public Schools: Upfront is always best. Master's level interns are with us for one year and a half. Other interns may only be with us for one year. Christi Lyson (she/her), IFD: I can see the difficulty in identifying this as there is flexibility in

how to use the funds

ben.descoteaux: 50 BHT contract signed...50 intern agreement signed

Joe St. John, STARS (he/him): 50/50 Gail Kogle OBHA (she/her): 50/50

Dan Barth: Dave makes an excellent point regarding duration of internship. This needs to be seriously considered.

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer): feels like it should be flexible. If the internship duration is longer, the org may or may not want to have that cash on hand and just sitting in their accounts. Also, organizations may have different preferences based on their fiscal cycle, budgeting processes, etc.

TOTALS as of 2/1

Up front payment: 1, consider varied timing for internships

Flexible: 1-250/50: 3

o INPUT: Hold funds or use all now (For voting members who didn't already participate, email Hannah by 2/9 close-of-business to register your input):

From Christi Lyson (she/her), IFD: Use all now

Dan Barth: use all now



ben.descoteaux: use now

Joe St. John, STARS (he/him): use now

Kelli Miller (she/her): Frontier Behavioral Health : Use all now Sean Wright (he/they) Lutheran Community Services NW : Use now

Gail Goodwin Community-Minded Enterprises: use all now

David Crump, He/Him Spokane Public Schools: Depending on how many respond, I would be

in favor of use now

POST MEETING FEEDBACK: Ruta Nanivadekar (Pioneer): use all the funds now

RESULTS as of 2/1: Consensus around making all funds available this round.

Discussion

Dan: I think the type of internship as well as duration should be calibrated to the actual funding per slot.

Christi: if we don't meet again until April, will this keep moving forward?

Hannah: yes, we'll continue to receive feedback following the meeting and will return to the discussion in April with a proposed approach that incorporates feedback and ideas from today. Note that the earliest organizations said they'd need confirmed funding was May, which means there is time for continued development for launching this small bucket.

Workforce Initiatives: Upcoming – for Future Planning and Discussion

- Peer Supervision Support \$40,000
 - Will share options and discuss approach at next meeting
 - Peer Practicum/Internship Model \$50,000
 - Meeting with Health Care Apprenticeship Consortium to learn about new Peer Counselor apprenticeship as a next step.
 - Contact Hannah if you have experience with this program or feedback about this direction.
 - Training/Education
 - o Dollars allocated to Train the Trainer, All Workforce, and Master's/Clinical Workforce
 - Results from December prioritization of trainings
 - Specific Trainings (1-5): MI, managing aggressive behavior, CBT+, DBT, MH First Aid
 - Topics (1-5): trauma, DEIB, leadership/managing staff, harm reduction, ethics/boundaries
 - Contact Hannah to discuss or share specific recommendations for trainings/training institutes in any of these categories
 - Offset Lost Billable Hours \$45,000
 - Will be designed alongside Training opportunities

Communication Plan

- We'll communicate with Forum members and other BHT networks as new opportunities launch
- We have a web page drafted that we'll update as new opportunities become available. Will include links and information about accessing funds.



BHT Youth/Young Adult Program Presentation

Slides available at this link

Announcements

- The <u>UW Psychiatry Consultation Line</u> (PCL) is a free, state-funded service that provides consultation regarding diagnosing and treating patients experiencing mental health and/or substance use conditions. As of a January 23 expansion, any mental health or substance use care provider in Washington may call the PCL with questions about medications or diagnosis. This includes prescribing providers and non-prescribing providers. Read more about the expansion here.
- The Office of Behavioral Health Advocacy (OBHA) will be hosting a Behavioral Health Monthly Forum on the second Wednesday of each month from 3 to 4:30 pm. Hosted by Gail Kogle, Program Director East, OBHA, this Zoom gathering is for community members to talk about the region's behavioral health system: what's going well? Where can we improve? What are the biggest barriers to providing care? Click this link to view the flyer with full details. For an email invitation or additional information contact SpokaneRegion@obhadvocacy.org or call 509-655-2839.
- The results of Better Health Together's Community-based Care Coordination Landscape Analysis are available on this web page. The project's goal was to identify the current state of care coordination and opportunities to create an improved whole-person model that will better meet the needs of residents and communities. Behavioral Health Forum members contributed to a focus group and participated by taking the survey. Follow the link to see full information including the report, appendices, a roadmap, and next steps.
- O Better Health Together is in the process of forming a Community Health Worker (CHW) Apprenticeship Program in Washington State that will need to be reviewed and approved by Washington State Labor & Industries (L&I) in July 2023. BHT is seeking people in Eastern Washington with experience in the CHW field to participate on the Apprenticeship Committee. They will be responsible for helping develop the Program Standards and making sure that the Program follows WA L&I guidelines as long as the Program remains active. The Committee needs to be comprised of an equal number of CHW employers and CHWs and can have 4-12 total members. We are offering an optional stipend for CHW representatives and/or those who work in smaller community-based organizations to help offset costs associated with their participation. More information about the committee and the application to join are available here: https://forms.office.com/r/m0gb7d2NG5. Please apply by Friday, February 10.
- Next meeting is April 5 from 10 to 11:30 am (meeting every other month in 2023)