BEHAVIORAL HEALTH FORUM AGENDA

June 1, 2022 | 10:00-11:00am
Behavioral Health Forum

June 1, 2022 | 11:00am-12:00pm
Waiver Renewal Public Comment Period

Meeting materials: www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-june2022

10:00-10:05 **Welcome & Recap of last month's discussion**

- Please update your Zoom name to include your organization. Thank you!

10:05-10:15 **Partner shares & announcements**

- Commerce BHF Grant Opportunities, Behavioral Health Facilities Program – Matt Mazur-Hart
- See slides in meeting materials
- Contact: Matt Mazur-Hart, Matt.mazur-hart@commerce.wa.gov, 360.742.9099

10:15-10:50 **How to spend the money**

- **Summary of Participatory Budgeting results**
  - Reminder of participatory budgeting process, including after-meeting voting
  - Allocation results

- **What comes next?**
  - Today: identifying specific possibilities of how to spend the money within each bucket – gathering a list of actionable & effective ideas
  - BHT will spend July & Aug taking your ideas, researching ways to actualize and cost estimates
  - Come back in September with "menu" to respond to & decide on

- **Breakout discussions –** *2 rounds, participants self-select*
  - **GOAL:** Build a list of actionable potential approaches/initiatives for spending the dollars in the designated bucket, led by the Guiding Principles
  - **Breakout rooms:**
    - Workforce retention & expansion
    - Training & Education: Evidence-based Practices (EBPs)
    - Peers & CHWs

BREAKOUT NOTES:

- **Workforce Retention & Expansion**
  - Supporting reimbursement oppty costs to supervise learners in clinical settings, continue & expand to support internships
  - Internship support for orgs - quite a bit of admin overhead, supervision
  - Trainees/interns have productivity experience, so not shocked when get into
  - Workforce delivering MH services to adolescent/teen population. Funding for programs school systems are providing.
  - Loan repayment for LICSW's that stay
    - Our agency participates in the NHSC student in the student loan repayment program, huge asset to our licensed staff
  - Retention bonus
  - Talking to GU grads recently, a lot going direct to private practice. How do we direct to get supervision & work in agency work for awhile.
  - Enhancing the aspects of working in our agencies that are helpful might help: working on a team, training, getting used to volume
    - Clinical supervision to avoid burn out: focus on mission, meaning, purpose
    - Perhaps recruit people from private practice that are disillusioned with loneliness, lack of training, lack of support
  - Challenge we have here is small community, very frontier. Down to one licensed clinician. Don't want to devalue those coming into the field, but what we see a lot of the challenge is we see a lot going to private practice bc of the huge paperwork & other requirements that keep being added on & not taken away.
  - Like the idea of retention bonuses, supporting internships, etc.
  - Allocating to retain existing, then to student loan forgiveness or something for those pursuing those degrees
  - Looking at apprenticeship programs, ways we can incentivize orgs accepting interns
  - Ways to reduce burden on existing providers
  - Expansion, ways to credential Bach level, educational tracks. Oppty to be doing some paid clinical work covered by Medicaid
  - Oppty to diversify the workforce
  - Student loan repayment programs usually reserved for once folks get their license. Oppty to reimburse staff who got Bach or Masters prior to getting licensure.
    - Loans are a lifelong saddle that they never get to take off
    - Usually 10 years to be eligible, and folks usually not staying that long
  - Researching looking for CPT codes that Bach staff can bill for. Struggling with description of activities that fit within the codes. When you have your staff become agency affiliated, can't figure out parameters around "other related fields" for e.g. neuroscience, edu, etc. Huge gray area
    - A lot seems to be gray area intentionally, but haven't found that
    - Have them submit application for agency affiliation, and then go from there?
    - Yes, then do policy & procedures about how you do thing
  - Baumer Grant has done some funding early on, if you sign up for community mental health your school is free. Might be useful place to put money. GU doing something like that too. Esp. bachelor's level.

- Should we do coming together as group, like residency with medicine? Centralized place to connect jobs & candidates. Some incentives/hiring bonuses that come in if people are willing to come to centralized database. If I've just hired 11 therapists, and I'm trying to compete for 11th. Prevent some of the cannibalization.
- Expand pool of bachelor's level & support
- The agency I'm working with values lived experience. Just implementing integrated care, so less restrictions on case mgmt support. Those with lived experience, history with criminal, going to be diff for them to have oppty or be eligible even if they get higher ed.
- What restrictions we have as licensed BHA to meet licensure requirements of everyone we contract with. Still doesn't allow for amazing level of insight to join workforce.
- What alignment do we have with universities to support the new workforce? Having specific fidelity-based programs also important.
- Thought about the workforce development/retention more after the meeting and wanted to add another idea: Because this is a small amount of money to deal with a HUGE problem, perhaps hiring a lobbiest/advocate to increase reimbursement rates for psychotherapy code reimbursement for nonprofits in order to compete with private practice.

- **Peers & CHWs**
  - Supervision support-how do organizations support this professional workforce.
  - Specific employee support acknowledging that the work is difficult and these folks are in recovery themselves
    - shared PS new professional group, "Peer Professional" group at CME
  - Funding-initial outreach is not billable. Some Peer specific organizations and work are not BH licensed so it limits some funding opportunities.
  - Increasing the amount of Peers in our community. Increased trainings.
  - CHW's and Peers-lots of overlap so how do we "co-train" and open up education/training/employment opportunities.
  - Need to increase SUD Peers. Not very many, hard to find/hire.
  - Supervision-How to coach, mentor, support without being disrespectful or demeaning
  - Stigma busting-Peers and their role/value are still stigmatized
  - Need additional Peer trainings available

- **Evidence-Based Practices (EBPs)**
  - Identifying needs - which EBPs? What/who/how often?
    - Look at what EBPs and promising practices are most effective for populations we are serving or targeting.
    - Standards don't always fit with particular populations or settings, so need flexibility to include promising practices.
    - Need to survey or otherwise look at community needs: what do we have in place and what is most needed?
    - Importance of engaging with youth and young adult populations so that they have learning and training opportunities, can share with other youth. Bring youth population into the peer conversation.

        - Specific training suggestions
            - Motivational Interviewing
            - Management of Aggressive Behavior - make accessible to ensure staff safety
            - Harm reduction, MAT - sometimes stigmatized but can be very helpful
        - Question about how to invest: spend on many different things or go deep with one smaller thing
        - Connect support for EBPs with recruitment and retention conversation
    - Working across organizations:
        - Group trainings so multiple people can benefit
        - Shared consultation or supervision, including in particular EBPs like DBT so that each organization is not contracting for and paying an expert separately
        - Structure work/training/planning based on modality rather than based on specific agencies
        - Importance of de-siloing
        - Share investment in infrastructure to reduce individual expenses for routine outcome monitoring, competency tracking, and fidelity
        - Use funding so partners provide community-wide training
    - Supervision
        - Provide consultation, supervision to staff needing hours for certification (SUD)
        - Requirements for in-person supervision/observation but need for virtual options
        - Possibility of using technology (via academic centers like UW) for scoring EBP competencies -technology-based review and scoring via computer, could provide more access to CBP, MI, etc.
    - Training
        - Lots of positive comments for Train the Trainer +1+1
            - Would need to cover lost productivity for an organization if one of their staff members is training others +1+1+1
        - HCA - EBP training support
        - Frequency of trainings: not often enough (once a year). With staff turnover, always needing new people to be trained. Increase frequency to help with this.
        - MI training, local organization: https://www.ifioc.com/training-calendar/
    - EBP Ongoing Implementation/Support
        - Need to operationalize and generalize - beyond the initial training +1+1
            - Ongoing conference calls, support
            - Metrics to ensure follow through
            - Continue support in an ongoing way
            - CPC certification is good and need ongoing skill development are important
        - Need for accountability to EBP practice - implement with fidelity

- **Reconvene & Debrief**
    - Quick share of the list of ideas for each bucket

10:50-11:00 **Upcoming months**

- July – no meeting, using time for CBCC focus group
- August – no meeting
    - BHT will spend July & Aug taking your ideas, researching, talking to folks more, and creating a menu of potentially actionable approaches
- September – reconvene & select some initiatives!

Waiver Renewal Public Comment Opportunity

June 1, 2022 | 11:00am-12:00pm

11:00-12:00 **Overview of Waiver Renewal & Public Comment Collection**

- See slides & cheat sheet in meeting materials
- Use Mentimeter tool to collect feedback
    - https://www.menti.com/ use code **3006 6130**
    - Mentimeter will remain open for feedback after the meeting

Notes:

- Renewal application & public comment: https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/mtp-renewal
- The public comment period begins Thursday, May 12 and ends Monday, June 13