#### **Behavioral Health Forum**

November 1, 2023





# Agenda

Welcome and Forum overview

Updates on active initiatives

Training discussion

Announcements and looking ahead



Big Buckets	Dollar Amount
Workforce Retention & Expansion	\$540,000
Training & Education – EBPs	\$310,000
Peers & CHWs	\$230,000
Emerging Opportunities	\$123,906
TOTAL	\$1,203,906

#### Behavioral Health Forum Guiding Principles

Support, enhance, and sustain current workforce opportunities and existing promising approaches.

Support organizations led by impacted populations and those with lived experience.

Responsive to communityidentified needs and priorities.

Qualifying rather than competitive funding decision-making (based on eligibility criteria rather than ranking system).

Accessible: reduce/remove barriers to apply and access funding.

Adaptable: change over time as we learn.

Collaborative, using participatory budgeting and other participant-driven methods.

We make decisions that lead to a more diverse workforce in terms of demographics and roles.

We work to de-silo the behavioral health system and create alignment and collaboration across organizations.



#### Workforce Recruitment/Retention/Expansion

Small Bucket	Active/Allocated \$	Remaining \$
SFCC Scholarship	\$45,000	0
SUDP Alternative Certification	\$66,000	0
BH Supervision Support	\$150,000	0
BH Internship Support	\$150,000	0
Remaining Balance		\$129,000
TOTAL	\$540,0	000

#### better health together

#### Community-based Workforce (Peers & CHWs)

Small Bucket	Active/Allocated \$	Remaining \$
CPC/WRAP Training	\$60,000	0
E. WA CHW Network Training Funds	\$47,000	0
Practicum/Internship Model Pilot	0	\$50,000
Peer Supervision Support	0	\$40,000
Remaining Balance		\$33,000
TOTAL	\$230,0	000



#### Training/Education

Small Bucket	Active/Allocated \$	Remaining \$
All Workforce Training	0	\$75,000
Clinical Training	0	\$50,000
Train the Trainer Training	0	\$75,000
Offset Lost Billable Hours	0	\$45,000
BHT CEU Provider Cert	0	\$500
Remaining Balance		\$64,500
TOTAL	\$310,0	000



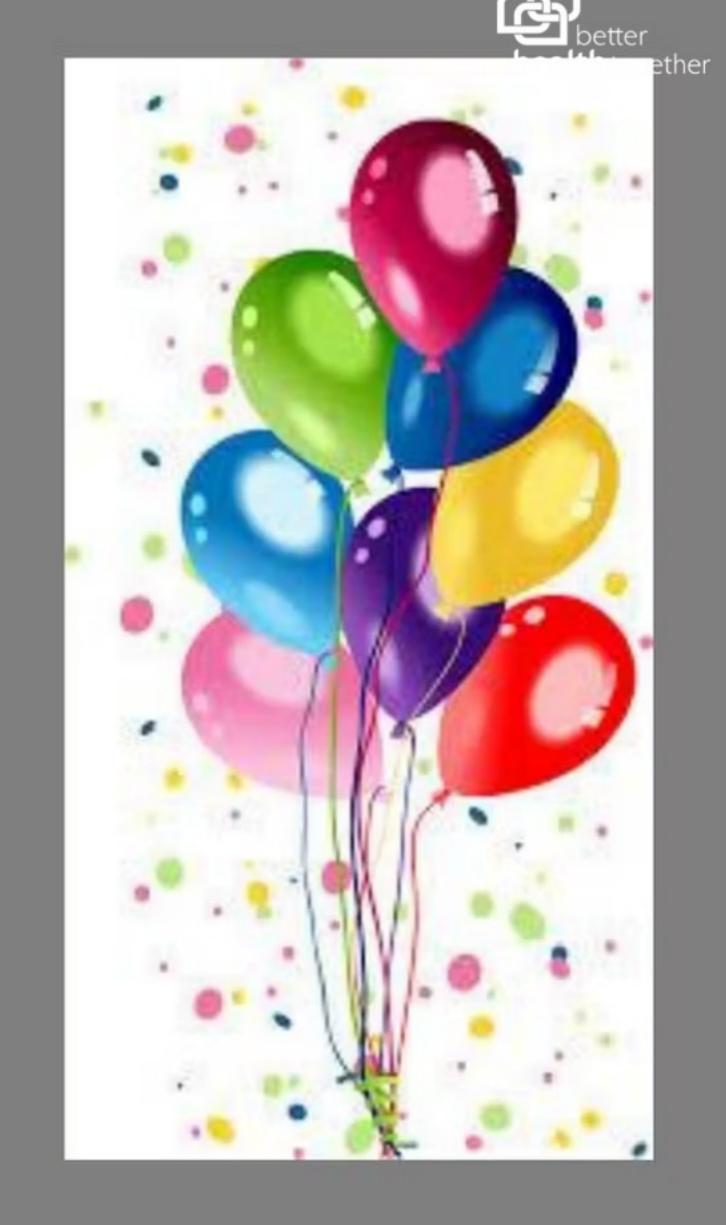
# Emerging Opportunities

Small Bucket	Active/Allocated \$	Remaining \$
CHW Training Program	\$75,000	N/A
Remaining Balance	0	\$48,906
TOTAL	\$123,906	

Total IMC Total Total Dollars Planned Remaining \$1,203,906 \$593,000 \$610,906

#### BH Forum Successes

- 15 New Supervision Support Contracts (Round Two)
- Supervision Support (Round One)
  - 87 staff at 15 orgs received licensure supervision
  - 21 staff completed supervision hours needed for licensure
  - 7 staff completed training to become supervisors
- 3 BH Internship Support Contracts and counting
- \$45,000 in scholarship money to SFCC BAS-IBH students
- 10 enrolled in SUDP Alternative Certification program in 2023; 24 total enrollees
- CHW Training Program funding for people not eligible for federal dollars







# Design Discussion

#### Training and Education

Category	Allocation	Notes
All Workforce	\$75,000	No credential required, content relevant to most/all (CBW, clinical, administrators, etc.)
Clinical Workforce	\$50,000	Focus on training for clinicians (e.g. specific EBPs)
Train the Trainer Investment	\$75,000	Build regional infrastructure through opportunities for people to become certified trainers
Offset Lost Billable Hours	\$45,000	Support training participation by those who sacrifice billable time to attend.
BHT CEU Provider Certification	\$500	If needed to offer CEU as part of training, BHT can obtain certification.

#### Training and Education: Discussion Highlights

- Consider how many people would <u>actually</u> participate ensure training is relevant and will be well-utilized
- Balance interest in EBPs with effective approaches that don't have that designation
- Build in implementation support from knowing to doing
- Ongoing support for agencies is critical. Can be difficult to maintain Train the Trainer, for example – consider how to sustain over time.
- Prioritize training that is more difficult for agencies to implement themselves (e.g. more expensive)
- Think regionally rather than agency-by-agency to maximize impact



#### Training and Education: BHT Updates

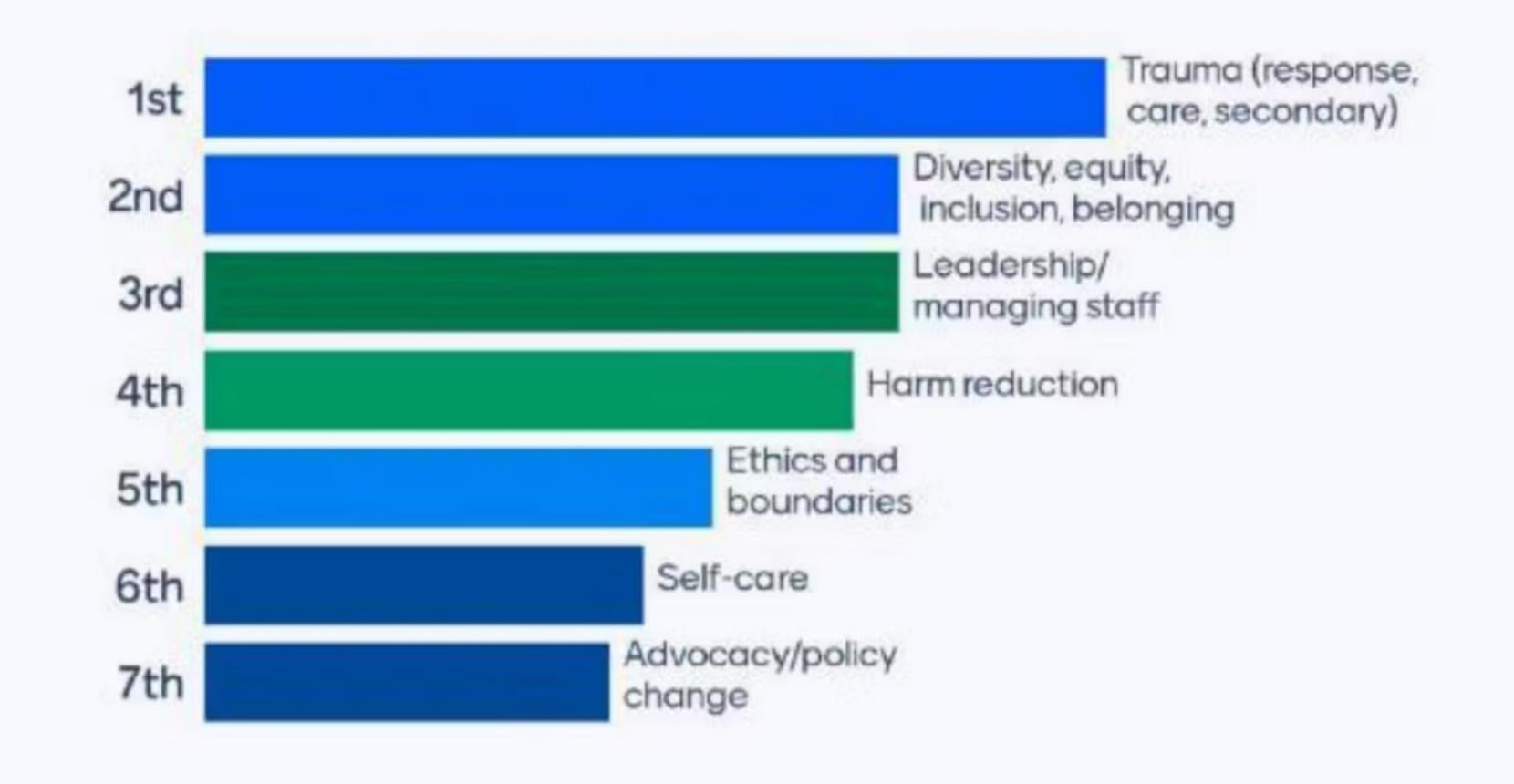
- BHT staff team working across programs and identifying shared needs/priorities:
  - BH Forum, CHW Network, CHW Training Program, Hub communitybased workforce, Navigators, Equity team
- Lots of overlapping needs and interests:
  - MI, MH First Aid, behavior management / de-escalation, DEIB, trauma
- Equity training plans under construction focus on contract requirements to date but may offer more widely going forward



#### Training Feedback and Discussion



#### Training Topics Ranking





# Specific Trainings Ranking





## Training Topics Comments 15 responses

I think these remain accurate. We may want to look at prioritizing populations/age groups as well.

Mental Health First Aid continues to be a top request. Professional support for Peers is also a need

DEI-B trainings may be helpful especially for agencies with peer workforce, there is more focus on DEI training in state programs These still seem like good priorities to me.

I feel that these priorities are appropriate. I would like to see more integrated care, such as MAT/MOUD as well as medication management and health related training

Still important, motivational interviewing and and DEI and trauma especially

The list still looks decent to me.

Self-Care can potentially be "rolled into" trauma trainings.

One of our team members just went through a great train the trainer course for trauma informed care - invaluable!To help decrease the stigma of harm reduction, I hope this is prioritized.





## Training Topics Comments 15 responses

I've heard a lot of need for managing vicarious trauma in the last year

We've heard some need around vicarious trauma too. Also for managers: vicarious liability.

Yes for MHFA too. It would be meaningful to do this in a cross agency setting

I would be interested in hearing what agencies "wish lists" are

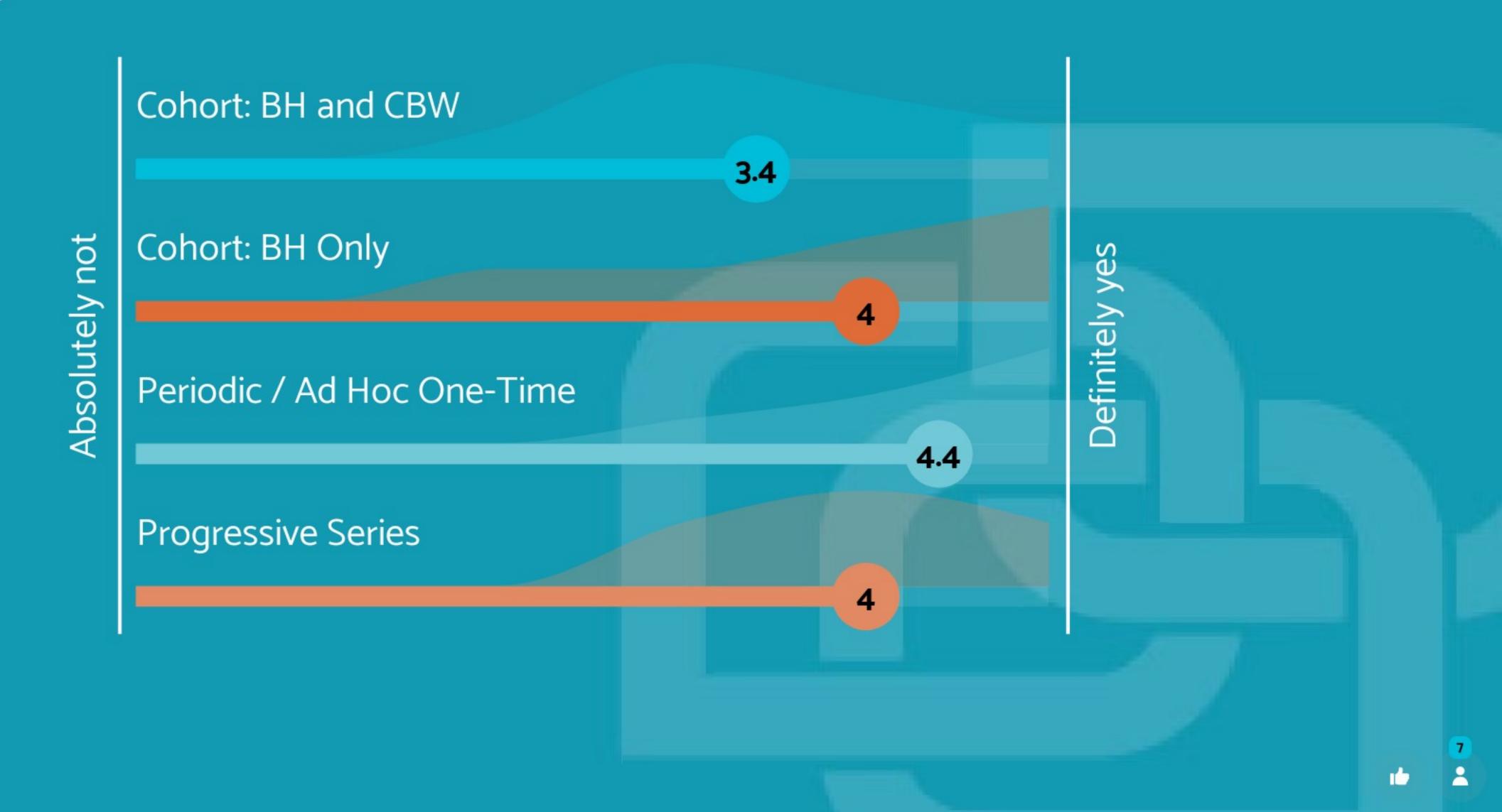
Look good

Wondering if ethics trainings would be helpful for licence renewal and CEUs? Or is this something people can find online easily instead?





#### Training Structure





# Training Structure Comments 5 responses

I think cohort would actually be such a great learning experience for our staff. But given busy schedules, turnover, etc, it might be hard to follow through on

What about one hour ethics trainings could take place over a lunch hour once a month that could take place virtually?

Ability to commit might depend on locking in time/day before opening enrollment.

Learning Collaborative

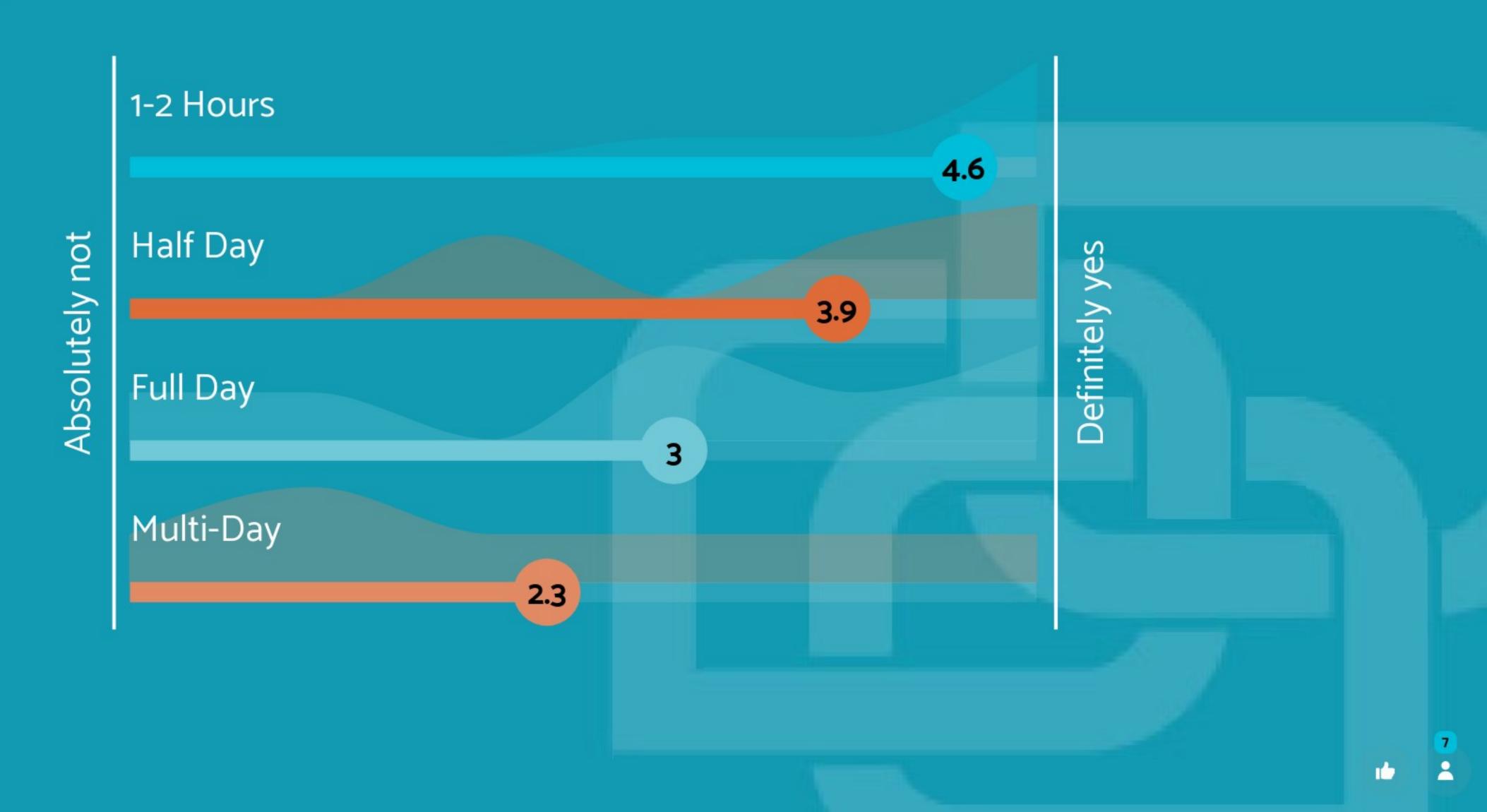
I feel that cohort would be helpful to accommodate the schedules of our different facilities







### Training Schedule





# Training Schedule Comments 2 responses

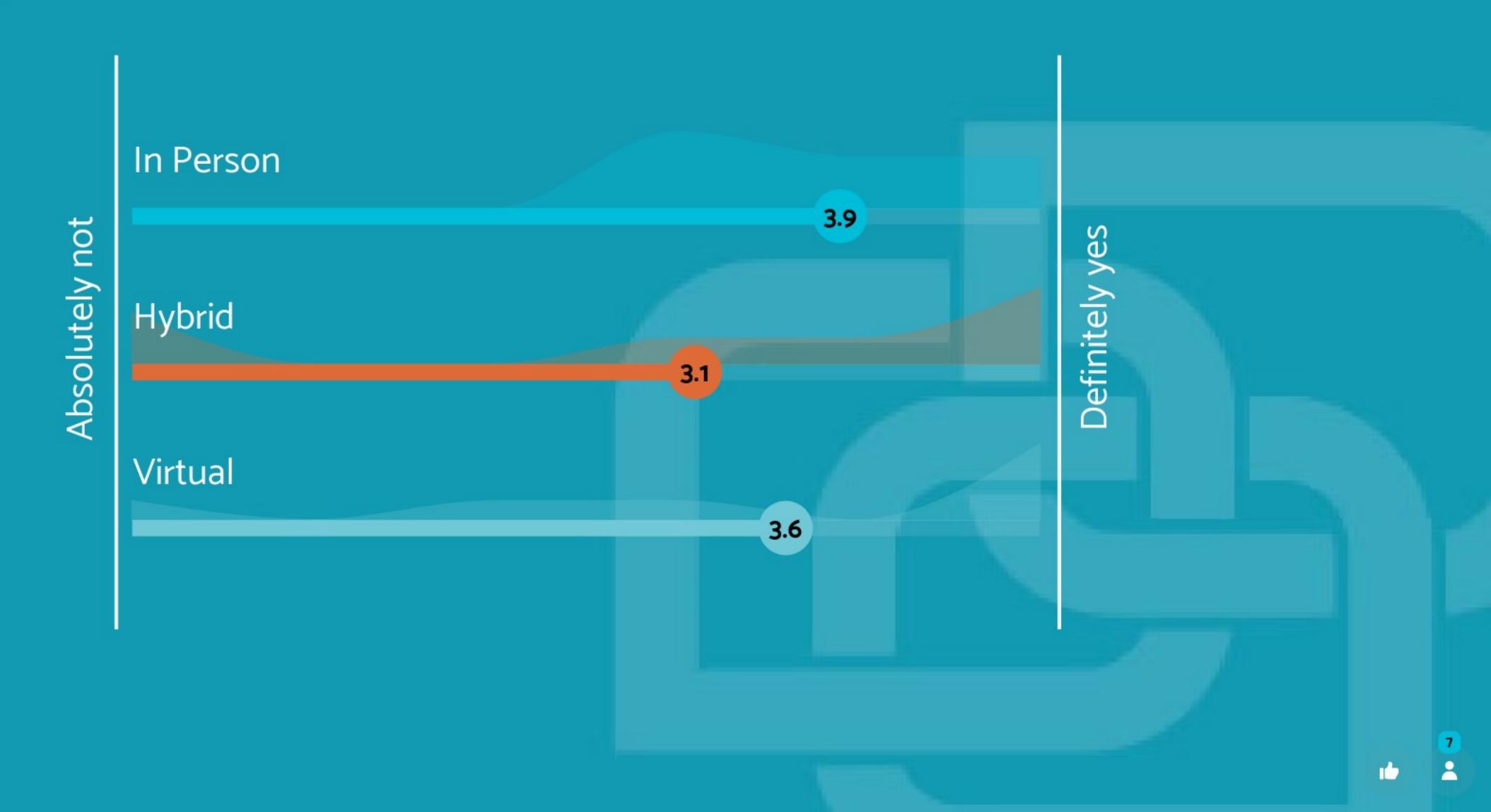
Sometimes full days are better than 2 half days if half days are at the same time (impacts clients)

I agree that a full day can work well. It also can help team members feel lik they got a bit of a break from the usual daily demands of work.





# Training Format





# Training Format Comments 3 responses

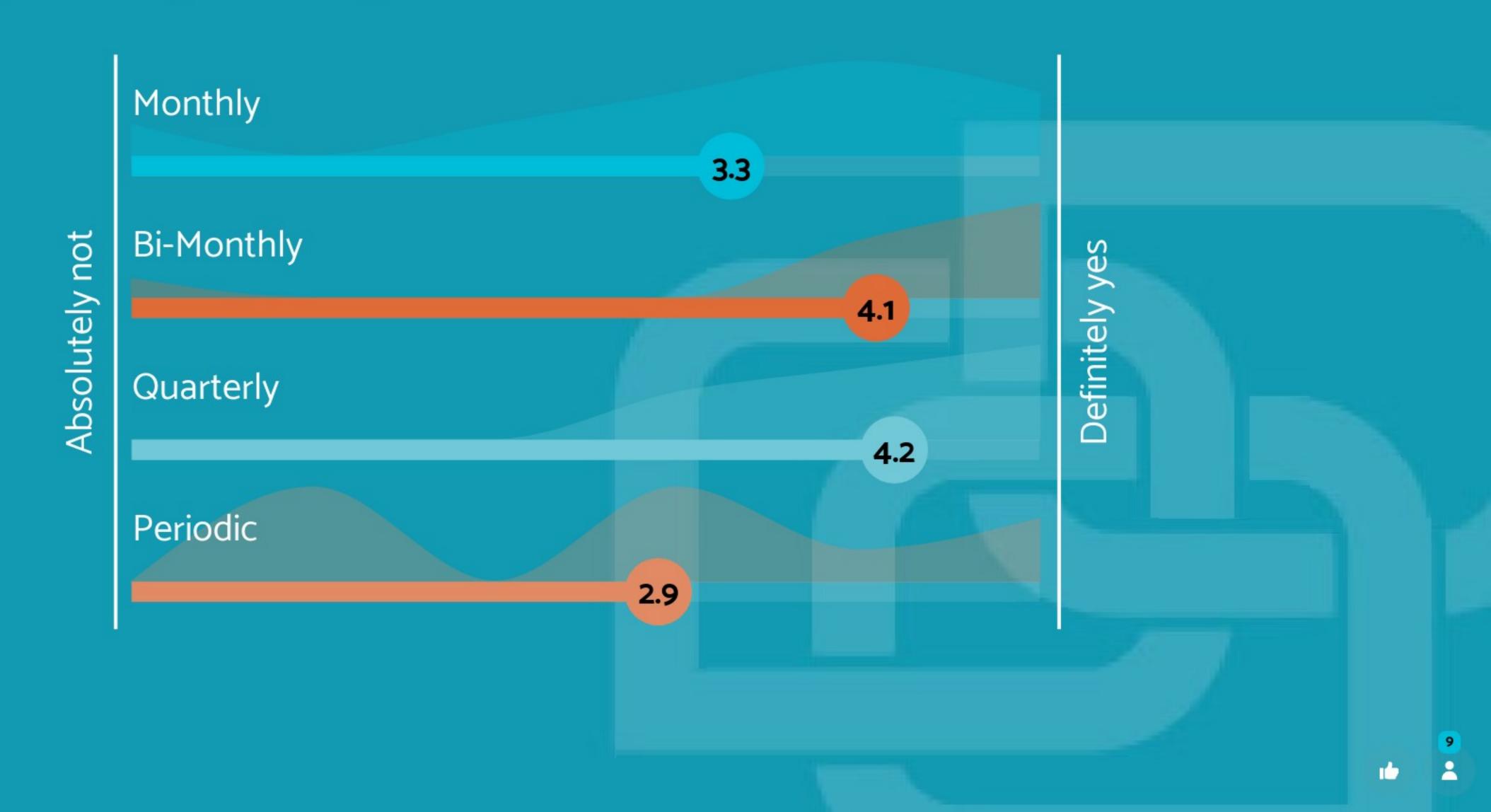
Hybrid can be weird but we have a few staff that are physically remote who could not attend in person In person allows for better connection and inspiration between different agencies.

role-play/practice is difficult virtually





## Training Frequency





# Training Frequency Comments 2 responses

If the training can be compressed into a clear start and stop short timeframes work

Consider times outside of traditional business days.
We have staff who work all hours, so maybe
someWeekends or early evenjnga



### Highest Priorities for Training 10 responses

Multiple offerings of the same training so we send clinicians in sections

Interactive, dynamic trainings are important to our team.

Fidelity model, multiple offerings with a small to mid variety of options to rotate staff through

Trainings that are tailored to specific populations

If it meets the need, we can be flexible on all those factors. Belief in importance of training

multiple offerings of same training; wide variety of options; some would say a buffet of options

ongoing skill development within the context of trauma -informed and decolonized care

Multiple offerings of same training. And offering someCore trainings on a monthly basis for new staff to attend

Best and promising practices will help to maintain trainings that are focused towards changing understandings in treatment.



# Highest Priorities for Training 10 responses

+1 on the best and promising practices comment





## Wrap Up & Looking Ahead

2024 Meeting Cadence

Announcements