

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

Meeting materials: <https://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-nov2023>

Forum Overview

- The BHT Behavioral Health Forum is a self-governing group with administrative support provided by Better Health Together.
- Focus is on using regional integrated managed care dollars to fund initiatives that support the behavioral health workforce (\$1.2 million).
- Voting members are organization providing behavioral health services in the region and educating the behavioral health workforce. All are welcome to attend and participate in discussion. Today we'll focus on updates and training discussion – no anticipated votes.
- Helpful documents/links:
 - [Workforce Initiatives Landing Page](#)
 - [September 2023 Meeting Materials](#)
 - [Guiding Principles](#) – highlight for today's discussion: responsive to community-identified needs and priorities (feedback of impacted populations / people with lived experience). Collaborative, working to de-silo systems, aligning across organizations.

Workforce Initiatives: Updates on Currently Active/Planned Buckets

Workforce Recruitment/Retention Expansion

- ***SFCC Bachelors in Integrated Behavioral Health Scholarship (\$45,000) – update from Élodie Goodman, SFCC Dean***
 - Every student in the cohort was awarded the tuition and fees scholarship from BHF. Some unable to access because of GI Bill – working to resolve so veterans can also receive funding.
 - Some funds left for winter quarter. SFCC is working to find additional funding so that initial cohort will have full funding for their BAS education.
 - May be another ask of the Forum (see remaining balance funds).
 - Change to course sequencing as recommended by instructors. Students struggling with role conflict – parenting, work, school obligations are stressors. Changing IBH 410 Integrated Wellness from F24 to W24. Will shift IBH 330 Application of Evidence-Based Practices to F24 instead. Responsive to student needs, hopeful this will be helpful for those in the program.
- ***SUDP Alternative Certification (\$66,000)***
 - For clinicians who want to add SUDP certification.
 - Funded 10 students in 2023. Total over the last several years – 24 students.
 - Next opportunity is winter quarter – starts in January. Contact Hannah with questions or to register – please continue to help spread the word to eligible clinicians.
 - Link to flyer: <https://www.betterhealthtogether.org/s/2023-SUDP-Alt-Cert-Flyer.pdf>
- ***BH Supervision Support (\$150,000)***
 - All money is allocated to eligible organizations – application is closed.

- Continuing to collect reporting (2-year) for round one dollars, starting to collect reporting numbers (6-month) for round two dollars. Both rounds: 30 contracts at \$10,000 each (\$300,000 total) to support behavioral health supervision at organizations in our region.
- Reporting link – numbers from first round that demonstrate the reach and impact: <https://www.betterhealthtogether.org/bold-solutions-content/behavioral-health-supervision-funding-opportunity-year-1-summary>
- **BH Internship Support (\$150,000)**
 - 4 requests for funds submitted with a variety of approaches (importance of flexibility – stipends, recruitment, supervisor support).
 - 11 more awards available – application will remain open until the available number of eligible applications have been approved.
 - Interest from multiple orgs who haven't yet submitted.
 - Link: <https://www.betterhealthtogether.org/bold-solutions-content/funding-opportunity-behavioral-health-internship-support-funds>

Community-based Workforce (Peers & CHWs)

- **Certified Peer Counselor Trainings. WRAP**
 - As of mid-October, good interest: 10 students had called Passages to inquire and 1 had completed the steps and was confirmed for the training. Training is scheduled for November 13-17. Contact Ashley James (info in flyer linked below) to find out more.
 - <https://www.betterhealthtogether.org/s/2023-Passages-CPC-Training-Publicity-bhgn.pdf>
 - Will work with Passages to schedule WRAP (Wellness Recovery Action Plan) trainings as trainers get re-certified to train. Expect to have updates on this in early 2024.
- **CHW/Peer Joint Trainings (\$47,000), HRSA Training Support (Emerging Opportunity funding - \$75,000)**
 - CHW Training Program (Emerging Opportunities Funding)
 - Two people in current cohort (ends in December) needed to order birth certificates as a documentation requirement for the HRSA funding this program utilizes.
 - 27 graduates so far. 10 people are currently in third cohort.
 - Next training cohort application will go live in December. Applications will be reviewed, start date in January. Existing and prospective CHWs are welcome to apply.
 - Learn more about training opportunities at this link: <https://www.betterhealthtogether.org/community-health-workers>
 - New program additions: field placements component is like a paid internship for CHWs. Looking for organizations who are interested in field placement sites to support CHWs in training. Financial support available for hosting organizations.
 - Upskill opportunities for existing CHWs also in progress.
 - Steering Committee openings – guide and provide feedback related to CHW training. Stipended opportunity.
 - CHW Network has participated in surveys to determine priority training topics. October 6 – 10 people participated in disaster preparedness and medication management trainings (good reviews!). November: working with Frontier to offer Mental Health First Aid training – 40

community-based workers have signed up to take these. Will be launching another training survey to continue getting feedback.

- Contact Kim Wilson at Better Health Together to connect about CHW training and other CHW workforce topics: kim.wilson@BetterHealthTogether.org
- **Practicum / Internship Model Pilot (\$50,000)**
 - Discussion in September about apprenticeship model through the Training Fund. Revisit this bucket of funding in the future. May shift as peer role / peer certification shifts at the state level.
- **Peer Supervision Support (\$40,000)**
 - Concept around support for supervisors of peers. Discussion may shift as peer role and peer supervisor requirements shift at the state level.
 - HCA currently offers Operationalizing Peer Support training as well as office hours – both great resources for organizations. Contact Hannah if you’d like support accessing these opportunities.

Total Dollars Snapshot

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

Celebrating Accomplishments

- Thanks to all for the hard work and thoughtful participation that has led to the Forum’s success!

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



Training Discussion: Feedback and Brainstorming

Review “Small Bucket” Budget Allocations

- Determined through participatory budgeting process last year.
- Not listed here: \$64,500 in remaining balance funds. Total Training “Big Bucket” is \$310,000.

Category	Allocation	Notes
All Workforce	\$75,000	No credential required, content relevant to 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.

Review forum training priorities as discussed at previous meetings

- Consider how many people would actually 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

BHT training notes

- Lots of overlap between the Forum and other program areas at Better Health Together. Program teams are working collaboratively to identify shared needs and priorities (CHW, Hub, Forum, Navigators, and Equity team).
- Lots of overlapping needs and interests: Motivational Interviewing, MH First Aid, behavior management / de-escalation, diversity/equity/inclusion/belonging, trauma

Training ranking from previous Forum meetings



Discussion – what resonates and what do you want to add?

- Still important, motivational interviewing and DEI and trauma especially
- 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
- 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
- Look good
- I think these remain accurate. We may want to look at prioritizing populations/age groups as well.
- These still seem like good priorities to me.

- The list still looks decent to me.
- One of our team members just went through a great train the trainer course for trauma informed care - invaluable!
 - <https://ctrinstitute.com/workshops/live-virtual-ttt-trauma-informed-care-01-09-2024/>
- To help decrease the stigma of harm reduction, I hope this is prioritized.
- Yes for MHFA too. It would be meaningful to do this in a cross agency setting
- I've heard a lot of need for managing vicarious trauma in the last year
- Self-Care can potentially be "rolled into" trauma trainings.
- We've heard some need around vicarious trauma too. Also for managers: vicarious liability.
- I would be interested in hearing what agencies "wish lists" are
- Suggestion to have each partner agency make a wish list of the kind of trainings they would most want and then aggregating responses to see commonalities. A more formal process would be helpful. +3 agreement!
- Importance of trauma-informed care
- Importance of Train-the-Trainer and covering lost billable hours as part of training funds
- Likes focus on regional facilitation, offering trainings externally so we can train on a wide variety of EBPs/practices rather than each agency training on the same things
- Also interest in cultural approaches to Motivational Interviewing from CHWs
- Leadership/management question: context for this as a training topic?
 - Past discussion: support for how people supervise/lead those with lived experience. Supporting an expanded / more diverse workforce with licensure, culturally competent approaches, etc.
- Managing aggressive behavior and DBT – can get identified as really specialized. Clinicians may not be formally trained but want support to deal with challenging emotional dysregulation, whether or not they do DBT. Something related to working on clinical challenges may be helpful in addition to considering DBT-specific.
- Discussion of ethics training:
 - Is this easy to do online / are CEUs readily available in that format. Could be helpful to offer for those who need CEUs.
 - Yes, ethics trainings that feel close to the work we are doing are really appreciated and if they don't have an expense for providers/agencies, it would be super appreciated. +1
 - I think ethics trainings can be found online, but it would be nice to fund them as they are required across most disciplines.

Discussion – training structure?

- Definitions:
 - Cohort – group of people go through trainings together. People designated by organization and have time to participate throughout. Could be BH and CBW (broader topics) or BH only (more focused).
 - Periodic/ad hoc – one-time trainings, first come first served.
 - Progressive series – builds on knowledge, not necessarily a cohort of the same designated group.
- Comments:
 - 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
 - Learning Collaborative
 - I feel that cohort would be helpful to accommodate the schedules of our different facilities
 - Ability to commit might depend on locking in time/day before opening enrollment.
 - What about one hour ethics trainings could take place over a lunch hour once a month that could take place virtually?



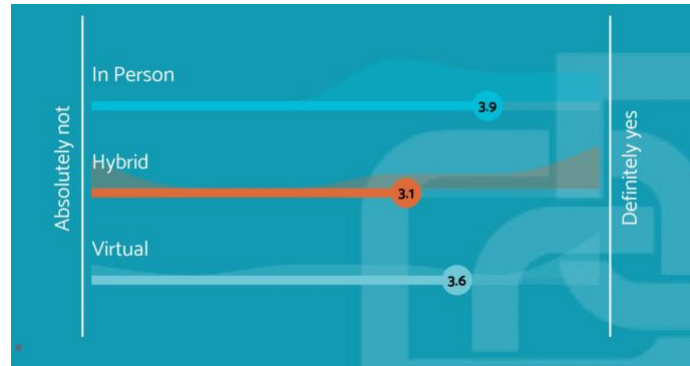
Discussion – training schedule?

- Comments:
 - 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 like they got a break from the usual daily demands of work.
 - Vote for 1-2 hours +1
 - Like half days – allows time for interaction



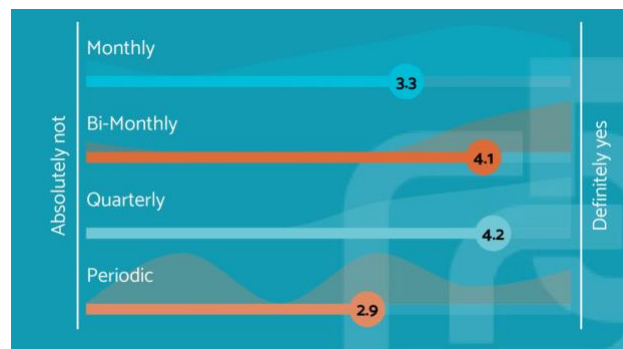
Discussion – training format?

- Comments
 - Hybrid can be weird but we have a few staff that are physically remote who could not attend in person
 - Role-play/practice is difficult virtually
 - In person allows for better connection and inspiration between different agencies.
 - Would encourage trainings to incorporate a lot of time to discuss/share/reflect with peers (not just content delivery). The opportunity to interact and learn from mothers reinforces learning and. Creates connections within the regional workforce.
 - Recognition that length of time also impacts format – one hour virtual is different (more feasible) than all-day virtual



Discussion – training frequency?

- Comments
 - Consider times outside of traditional business days. We have staff who work all hours, so maybe some Weekends or early evenings
 - If the training can be compressed into a clear start and stop short timeframes work



Discussion – highest priorities?

- Comments
 - Multiple offerings of same training. And offering some
 - Core trainings on a monthly basis for new staff to attend
 - Multiple offerings of the same training so we send clinicians in sections multiple offerings of same training; wide variety of options; some would say a buffet of options
 - If it meets the need, we can be flexible on all those factors. Belief in importance of training
 - Fidelity model, multiple offerings with a small to mid variety of options to rotate staff through
 - Ongoing skill development within the context of trauma -informed and decolonized care
 - Interactive, dynamic trainings are important to our team.
 - +1 on the best and promising practices comment
 - Trainings that are tailored to specific populations
 - Best and promising practices will help to maintain trainings that are focused towards changing understandings in treatment.
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- Core therapeutic elements vs fidelity based
- Thank you for taking into consideration promising practices. This is so important to moving our community treatment options forward amongst our amazing providers in Spokane.

Looking Ahead and Wrap Up

2024 Meeting Cadence

- Planning to continue meeting bi-monthly on first Wednesday of the month, 10 to 11:30 am. General agreement.

Announcements

- **Spokane County Public Survey for Opioid Settlement Funds Survey** Available. Collecting responses through 12/1/23. Link for details and survey access: <https://survey.alchemer.com/s3/7571286/Settlement-Feedback>
 - Please help spread the word. [Link to flyer with QR code.](#)
- **Health Workforce Sentinel Network survey** open for feedback – make your workforce needs known to policymakers, planners, and educators: www.wa.sentinelnetwork.org/join. Data collection is open through November 10.
- The **Northwest Mental Health Technology Transfer Center (MHTTC)** is currently surveying people working in behavioral health in the Region 10 States of Alaska, Idaho, Oregon, and Washington. The results will guide educational, training, and technical assistance for their upcoming year of operations. Please consider providing your perspective and sharing the [survey link](#) with your network.