

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Workforce Committee Meeting Minutes Wednesday August, 4th, 2021 | 11:00 AM to 12:00 PM *Zoom*

Number of Members: 16
 Quorum: 9
 Italicized: GCACH Board Member

ATTENDANCE	
Committee Members	Asja Suljic Anne Farrell-Sheffer Brianne Ramos Bevan Briggs <i>Dan Ferguson (Chair)</i> Debbie Spink Heidi Snyder Jac Davies Les Stahlnecker <i>Madelyn Carlson</i> Patrick Jones <i>Rhonda Hauff</i> <i>Ronni Batchelor</i> <i>Sandra Suarez</i> Scott Koopman Steve Perry Suzanne Swadener
GCACH Staff	Brissa Perez Brittany FoxStading Carol Moser Chelsea Chapman Diane Halo Laurel Avila Martin Sanchez Sam Werdel Sula Savchuk Stacey Davis
Guests	None
WELCOME & INTRODUCTIONS	
Welcome & Introductions (Dan Ferguson)	Dan Ferguson, Committee Chair, facilitated introductions. There were 7 members present at the convening. We did not make a Quorum.
MEETING MINUTES	
May 2021 Meeting Minutes (Dan Ferguson)	Dan reviewed the May 2021 GCACH Workforce Committee meeting minutes. (There was not a June meeting). The minutes will be brought back to the next convening due to an unmet quorum. No further comments or questions.
DISCUSSION ITEMS	
HB 1504	Carol introduced HB 1504 that was approved and signed into law.

Thank you for your engagement with GCACH!

History of HB 1504:

Legislature tasked the Workforce Training Board to work with the Center for Workforce Studies to conduct a Behavioral Health Workforce Assessment since 2017. We did extensive surveying, interviewing, focus groups of Community Based Organizations, Community Health centers, in terms of their BH workforce needs across the board.

One of the key findings of that work was the issue with finding clinical training opportunities; often they were not enough supervisors available to support trainees. Then, once they received their training they would often move onto private practice due to better pay.

The purpose of HB 1504 is to address these challenges.

GCACH worked in concert with the State Workforce Council and the BH Workforce Council to advance this idea. Then in March is got incorporated into the Workforce Investment Act and it talks to our pilot.

This appropriates \$440,000 to be shared between three ACHs. HCA chose to work with the ACHs on this legislature and GCACH was chosen to be one of those three sites. GCACH will have \$146,667 for 2022 and \$146,667 2023.

GCACH proposal:

GCACH reached out to those BH Organization who finished their BH pilot program (apx. 10) those who had not finished asked for extensions that the Board approved at the last meeting.

We asked them to send us an LOI if they were interested in this program; we received 8 LOI's back. Due to the current Behavioral Health Specialist shortage, we found it necessary to invest in this sector of the workforce. This supports the endeavor of Bi-Directional Integration.

Considering all factors, we are proposing to increase the total amount to \$414,667 with an additional \$268,000 from other DSRIP sources that had leftover funding in order to fund all 8 sites.

Thank you for your engagement with GCACH!

Budget

Funding for the BH Internship could come from the following:

Funding Source	Amount
Application for contract with HCA	\$ 146,667.00
GCACH reallocated budget from:	
Practice Transformation, Cohort 3, 2 sites (Chaplaincy Healthcare)	\$ 125,000.00
Cope, Calm, Care Campaign	\$ 65,000.00
Health Commons	\$ 45,000.00
Opioid Resource Network	\$ 25,000.00
BH Integration and CHW Training Fund	\$ 8,000.00
Total	\$ 414,667.00

Question for the Workforce Committee: Do we want to reallocate these funds from DSRIP to create a total budget of \$414,667 in order to serve all 8 sites or just use the \$146,667?

Next steps are to submit a LOI to the healthcare authority that we want to apply for this funding.

Committee Discussion:

- Add to communication: without this program xyz could not have happened. Or ___ amount of people could not have completed their training. I wonder about the messaging. Would these people still be receiving this amount of training or because of this program these numbers really shot up in terms of the volume of people we are producing.
 - A: About half of the providers already had a program in place and this helped with the preceptor costs for it. Others it was a new program they were able to start. For some, it allowed them to take on more of the associates that required the precepting because it takes a significant amount of time. It enables more individuals go through a program.
 - Tie this to ROI kind of language really makes a difference. The reference to penetration rate becomes a very powerful statement. I like the idea of seeing the completion rates and showing how this program makes a difference. For some existing programs this is a really good "grow your own" opportunity to develop the staff they are already training; for example: employees who start at one level, receive training but then they are not employable at the next level. This bridges a gap in a development of pipeline for employees. It also allows employees to achieve these educational stepping stones they might otherwise hesitate to pursue due to a variety of barriers.

Carol asked about feedback on reporting requirements:

- Only concern was many sites do not pay bonuses.

Thank you for your engagement with GCACH!

- A: during reporting you can report \$0 or n/a in that category.
- Q: During the first round of funding, was it equitably distributed?
 - A: During our first round of funding 19 organizations received funding. All Community Behavioral Health Providers participated (16) and then we added two more. We had at least 1 participate from every county.
- Q: Were there any challenges in recruiting trainees into these programs?
 - A: COVID did make it more difficult to hire, get people into the program, or to even have a trainer available. This is why we had 9 programs extend for one year, they did not receive more funding, simply their contract was extended.
- Q: What impact will COVID make on being able to train? How will telehealth impact the ability to train for this program? How will you plan for working with telehealth?
 - A: We required each site to do an evaluation about their program at the end of the year. We have those reports and can make them available to anyone who wants to see them.
 - COVID/telehealth evaluations would be a good topic to follow up with Julie O'Conner as she moves forward with developing her BH Advisory Task Force
 - One site was working via Telehealth but our patients were not open to telehealth options. The supervisor and intern will remain in clinic settings but they will be able to offer more telehealth to make services more accessible while also trying to upskill patients to be comfortable with the technology.
- Suggested Question to add to application: If you have any structure that responds to how you support or train people in this environment that would be helpful to learn from the application. How are you using supplementary staff to support and train?

Closing Comments:

- Does this seem like a good thing to do? We are adding a lot more money than what the grant offers. Does this committee approve us to bring this to the board of directors?
- We are proposing to take \$268,000 out of DSRIP funding to add to this grant.
- Dan moves to accept the recommendation as written. Ronnie seconds. However, we do have not enough committee participants to form a quorum.
- This has been placed in front of the Workforce Committee and has reached a general consensus. Workforce Committee is supportive. We have to submit the letter of interest to the HCA which means we will have to send this out before we put this in front of the Board.
- We will submit the LOI for the original \$146,667 the grant offers. Then go to the Board for approval to add the additional \$268,000 from DSRIP funds.

Announcement:

We are seeking to develop cohort of CHW within the Greater Columbia region. We are having a kickoff mtg. for CHW. We also have three trainings already scheduled.

Thank you for your engagement with GCACH!

	<ul style="list-style-type: none"> • Motivational Interviewing, • Trauma-Informed Care • Mental Health First-Aid (In-Person, limited spots available)
ADJOURNMENT	
Adjournment	<p>Meeting adjourned at 12:00pm. Minutes taken by Stacey Davis</p> <p>Recap of Motions</p> <ul style="list-style-type: none"> • May, 2021 minutes <p>Recap of Action Items:</p> <ul style="list-style-type: none"> • GCACH will be submitting a LOI to the HCA along with all other ACHs that recommends GCACH be one of the three sites to receive the funding • GCACH will bring to the Board of Directors the proposal to dedicate an additional \$268,000 of DSRIP funding to support all 8 sites on August 19th

Thank you for your engagement with GCACH!