



**WILLIAM JAMES
COLLEGE**

Welcome!



FEBRUARY 13 -16 *2023*

REGIONAL TRAINING EVENT

Honoring Workforce
Solutions to Support Care
for Communities of Color

**Day One:
Defining the Workforce and Visioning for the Future**

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If you have questions during the event, please use the chat or the “raise hand” feature. Our Technical Support Manager will ensure your question/concern is addressed.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the moderator and panelists and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant #1H79SM081775 from the DHHS, SAMHSA.

The TTC Network uses affirming, respectful, and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

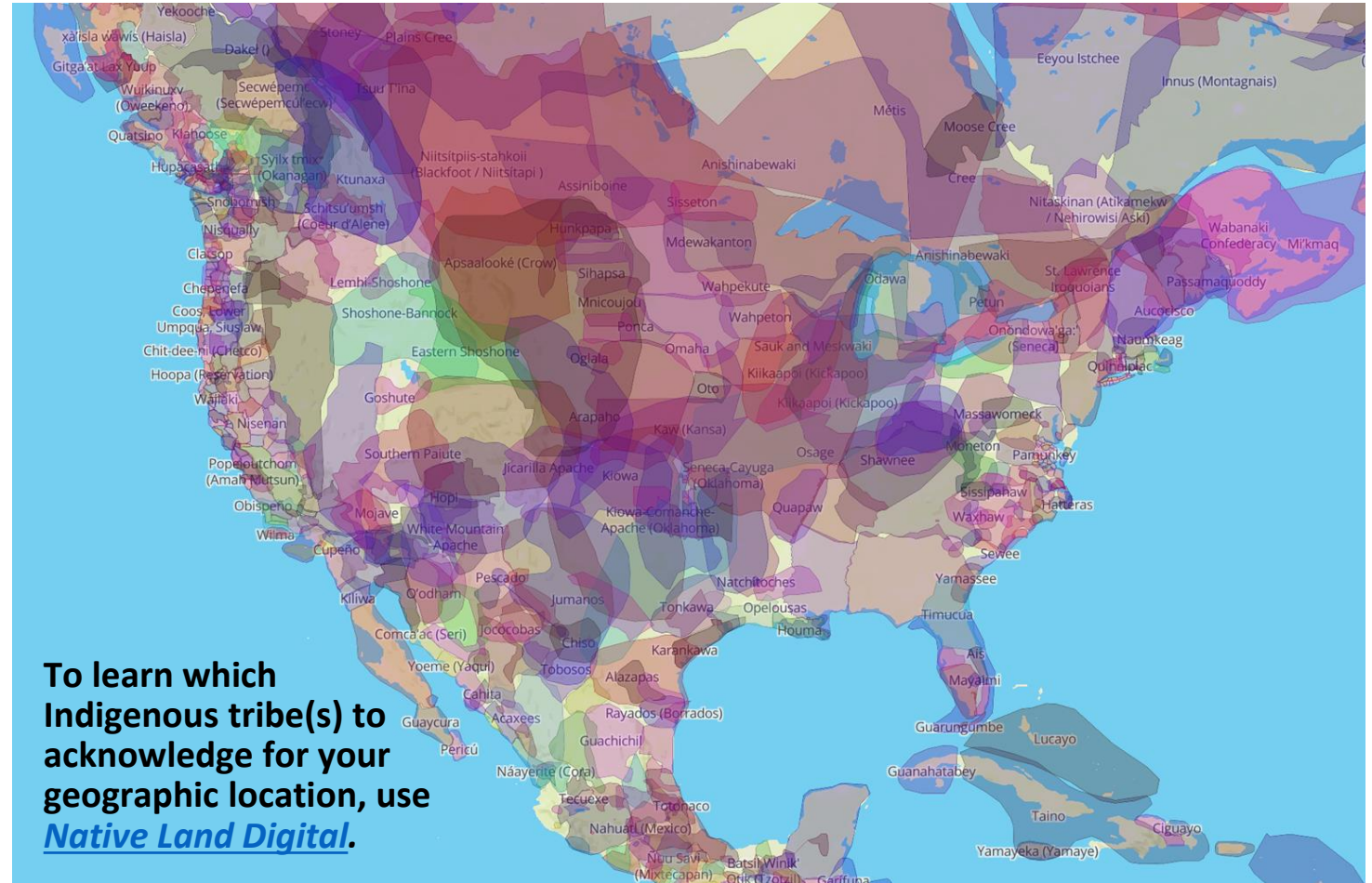
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Land Acknowledgement

As a committed ally, the TTC Network recognizes that the New England area is home to the ancestral land of many Native tribes.

Consistent with our values of community and inclusion, we acknowledge that all the places our distributed staff live and work, as well as where we provide services and hold events, are Indigenous lands.



FEBRUARY

13

Today's Agenda

Event Host:

Margaret Giles, PhD
Coordinator
Alcohol, Drug Education and
Psychology Training
(ADEPT) Center
William James College

- 11:00 a.m. Logistical Overview**
Maria E. Restrepo-Toro, MS, Co-Director, New England MHTTC
- 11:05 a.m. Opening Remarks: William James College**
Margaret Giles, PhD, Coordinator, ADEPT Center
Nicholas Covino, PsyD, President
- 11:15 a.m. SAMHSA Priorities**
Captain Jeffrey A. Coady, PsyD, ABPP Regional Administrator, Region 5
- 11:35 a.m. Featured Presentation**
Janan Wyatt, PhD, Associate Research Scientist, Yale School of Medicine
Department of Psychiatry, Program for Recovery and Community Health
- 12:00 p.m. Mindful Break:** Kelvin Young, Certified Sound Healer, Kelvin Young, LLC
- 12:10 p.m. Innovation Spotlight: Recruitment and Retention**
Panel discussion with presenters from William James College, Advocates for Human Potential, and the Massachusetts Department of Public Health Bureau of Substance Addiction Services
- 12:30 p.m. Q&A Opportunity**
- 12:45 p.m. Closing Remarks**
Larke Nahme Huang, PhD, Director of the Office of Behavioral Health Equity (OBHE), SAMHSA
- 12:55 p.m. Evaluation and Day 1 Closeout**



FEBRUARY 13 - 16 *2023*

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Honoring Workforce
Solutions to Support Care
for Communities of Color



**WILLIAM JAMES
COLLEGE**

**Welcome and
Program Overview**

Nicholas Covino, PsyD
President

&

Margaret Giles, PhD
Coordinator, ADEPT Center



Opening Remarks

CAPT Jeffrey A. Coady,
PsyD, ABPP
Regional Administrator
Region 5

SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Priority: Strengthening the Behavioral Health Workforce

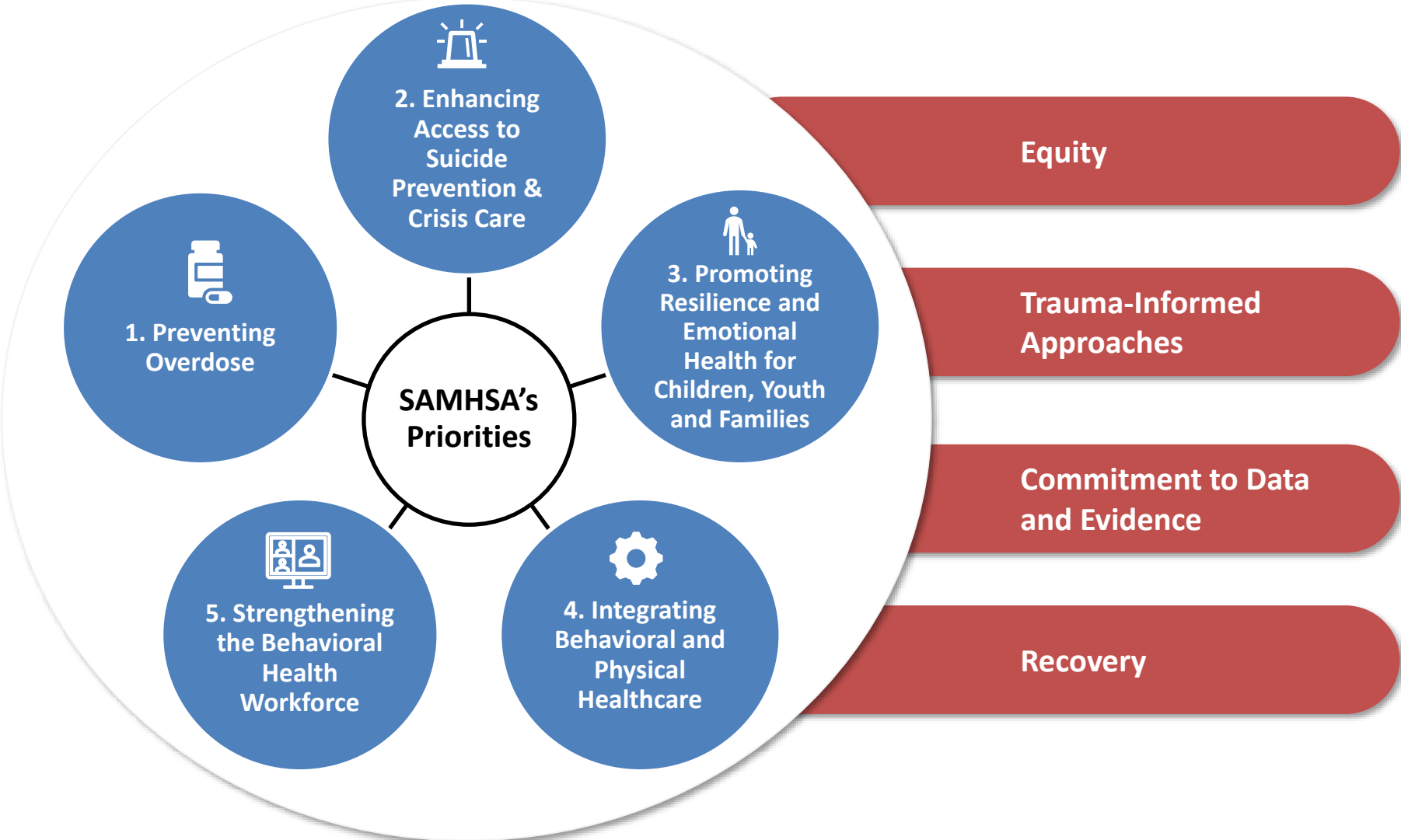
CAPT Jeffrey Coady, Regional Administrator
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

2023 Innovations Regional Training Event:
Honoring Workforce Solutions to Support Care for Communities of Color
February 13, 2023



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA's Overarching Priorities and Guiding Principles



Increased demand, Increased shortages, Increased salaries

- Prior to the pandemic, there was a projected shortage of behavioral health care providers—with acute shortages predicted for psychiatrists and addiction counselors through 2030.
- Anxiety and depression in young people doubled during the pandemic.
[The Pandemic Doubled Youth Depression And Anxiety, Study Finds](#)
- In the US, there are over 6,000 federally designated mental health professional shortage areas with a population of over 156 million
[Mental Health Care Health Professional Shortage Areas](#)
- The environment is driving compensation – a challenge for public sector providers. Online ads show recruiting salaries for licensed mental health therapists (remote) starting at:
 - BetterHelp: \$48,000
 - CVS: \$53,600; and
 - Optum: \$66,700

Macro-level solutions

- Decrease demand through prevention
- Increase the number of behavioral health clinicians
- Increase availability of technologies that can “extend” the reach of clinicians

HHS Health Workforce Strategic Plan Goals and Objectives

GOAL 1
Expand the Health Workforce to Meet Evolving Community Needs

- 1.1 Offer financial support and other incentives to expand health workforce and training opportunities
- 1.2 Increase diversity, inclusion, and representation in the health professions
- 1.3 Invest broadly in health occupation education and training
- 1.4 Use evidence-based and innovative techniques to retain the existing workforce

GOAL 2
Improve the Distribution of the Health Workforce to Reduce Shortages

- 2.1 Improve the geographic distribution of health care workers
- 2.2 Ensure distribution of health professionals in high demand

GOAL 3
Enhance Health Care Quality Through Professional Development, Collaboration, and Evidence-Informed Practice

- 3.1 Provide health professional development opportunities
- 3.2 Encourage integrated, collaborative health care
- 3.3 Strengthen workforce skills for the future of health care
- 3.4 Promote evidence-based health care practice

GOAL 4
Develop and Apply Data and Evidence to Strengthen the Health Workforce

- 4.1 Use data to monitor and forecast health workforce needs
- 4.2 Advance health workforce knowledge through research and evaluation

Goal 1: Expand the Health Workforce to Meet Evolving Community Needs

1.2.2: Actively recruit, train, and retain individuals from underrepresented backgrounds, including racial and ethnic minority students and students with disabilities, into the health workforce (\$15M in FY 2022 to \$19M in 2023)

[Minority Fellowship Program](#)



Goal 1: Expand the Health Workforce To Meet Evolving Community Needs

1.3.2: Conduct targeted training and recruitment to expand and diversify the behavioral health workforce

[Historically Black Colleges and Universities Center of Excellence in Behavioral Health](#)



Get to Know Your New England State HOSA Chapters



Washington HOSA Meets Workforce Demands

\$
2.7

TRILLION spent on healthcare
each year in the United States

138

Local Washington Chapters

2,500

HOSA members in Washington

235,000

HOSA alumni nationwide

Invest in Washington's Future Health Professionals

- ✓ Start A Chapter
- ✓ Become A Partner
- ✓ Volunteer



<https://hosa.org/chartered-associations/>

GOAL 2: Improve the Distribution of the Health Workforce to Reduce Shortages

2.1.2: Conduct targeted recruitment, training, and retention investments to improve access to a high-quality health workforce in rural and underserved areas

[Rural Emergency Medical Services Training Grant](#)

[Rural Opioid Technical Assistance Center](#)

2.2.2: Increase the supply and capacity of the behavioral health workforce to provide new, innovative, and evidence-based treatment in community-based primary care settings

[Expansion of Practitioner Education](#)

[Providers Clinical Support System-University](#)

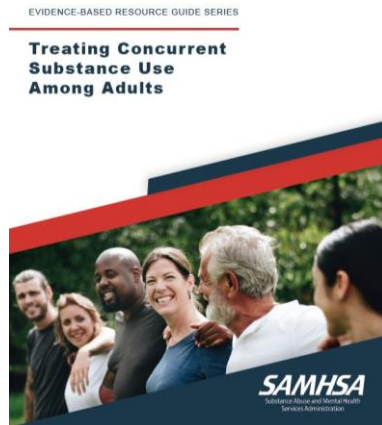
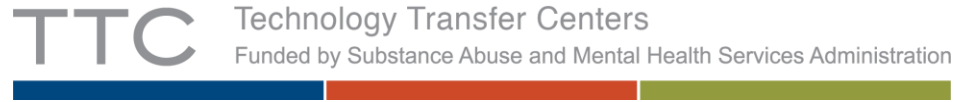
2.2.4: Conduct targeted investments to reduce disparities in access to specialized health care services, including oral health, behavioral health, maternal and child health, and public health

[State Opioid Response Technical Assistance Grant](#)

[Center of Excellence for Infant and Early Childhood Mental Health Consultation](#)

GOAL 3: Enhance Health Care Quality Through Professional Development

SAMHSA currently funds over 40 Training and Technical Assistance providers that offer professional skill development and implementation support to health professionals.



SAMHSA publishes Guidebooks and Advisories to keep the behavioral health workforce abreast of evidence-based practices on topics such as, how to integrate peer support services into crisis care and treating concurrent substance use among adults.

Centers of Excellence for Behavioral Health Disparities

The purpose of these CoEs is to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing behavioral health disparities. The Centers will implement training and technical assistance for practitioners to address the disparities in behavioral healthcare in key populations:



African American Behavioral Health
CENTER OF EXCELLENCE

- National Center of Excellence on Social Media and Mental Wellness (new)



CENTER

Center of Excellence for
Behavioral Health Disparities in Aging

- Asian American, Native Hawaiian & Pacific Islander Behavioral Health Center of Excellence (new)



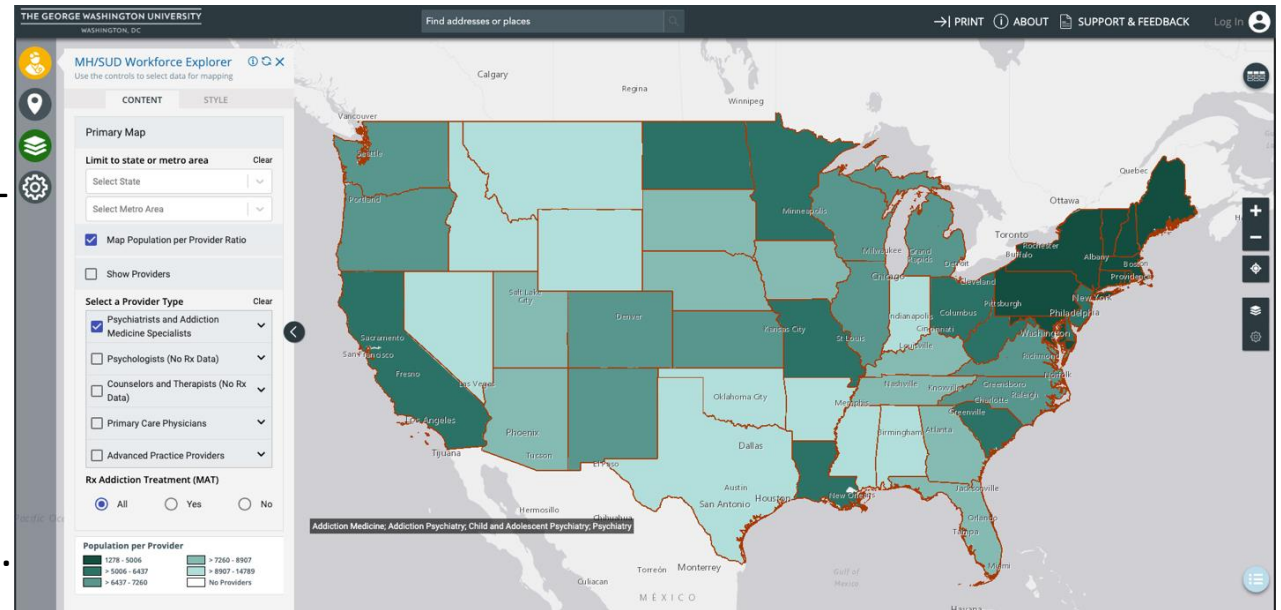
CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

Goal 4: Develop and Apply Data and Evidence to Strengthen the Health Workforce

4.1.1: Use health workforce data, research, and evaluations to inform how and where to allocate resources to strengthen the health workforce

Mental and Substance Use Disorder Practitioner Data

The [Behavioral Health Workforce Tracker](#) a new one-of-a-kind database of 1.2 million MH/SUD providers that includes behavioral health professions as well as PC physicians, NPs, PAs and other specialists that prescribe 11+ BH meds; geocoded to census tract (also aggregated to county and state); Medicaid acceptance, SMI and MAT provision (for prescribers).



Business of Behavioral Health Delivery is Changing

Trends we are watching:

- Increased Integration of Behavioral Health and Primary Care – maintenance of specialty care system
- Increased demand for “convenient” access
- Increased development of Digital Therapeutics/Mobile Apps
- Increase of Interstate Compacts
- State-level bonuses for healthcare workers

SAMHSA | Digital Therapeutics: Regulated and Unregulated (Wellness)

Regulated by FDA (Prescription Digital Therapeutics, PDTs)

- Requires physician prescription.
- Allowable SAMHSA expenses. reSET and reSET-O are used in SABG and SOR. OTPs can use regulated PDTs.

Product Name	Therapeutic Area
reSET	Substance use disorder
Nightware	PTSD-driven traumatic nightmares
reset-O	Opioid use disorder
Somryst	Chronic insomnia
EndeavorRx	Attention Deficit Hyperactivity Disorder (ADHD)

- CVS Health and Express Scripts manage digital health formularies that include FDA regulated PDTs and unregulated digital therapeutics (i.e., exempt medical devices, enforcement discretion)

Unregulated or Wellness Apps

- Currently there is no objective assessment of quality (AHRQ Publication No. 22-EHC016 May 2022; Evaluation of Mental Health Mobile Apps)
- Free apps vs. cost
 - Many SAMHSA grantees have incorporated free apps with their clients.

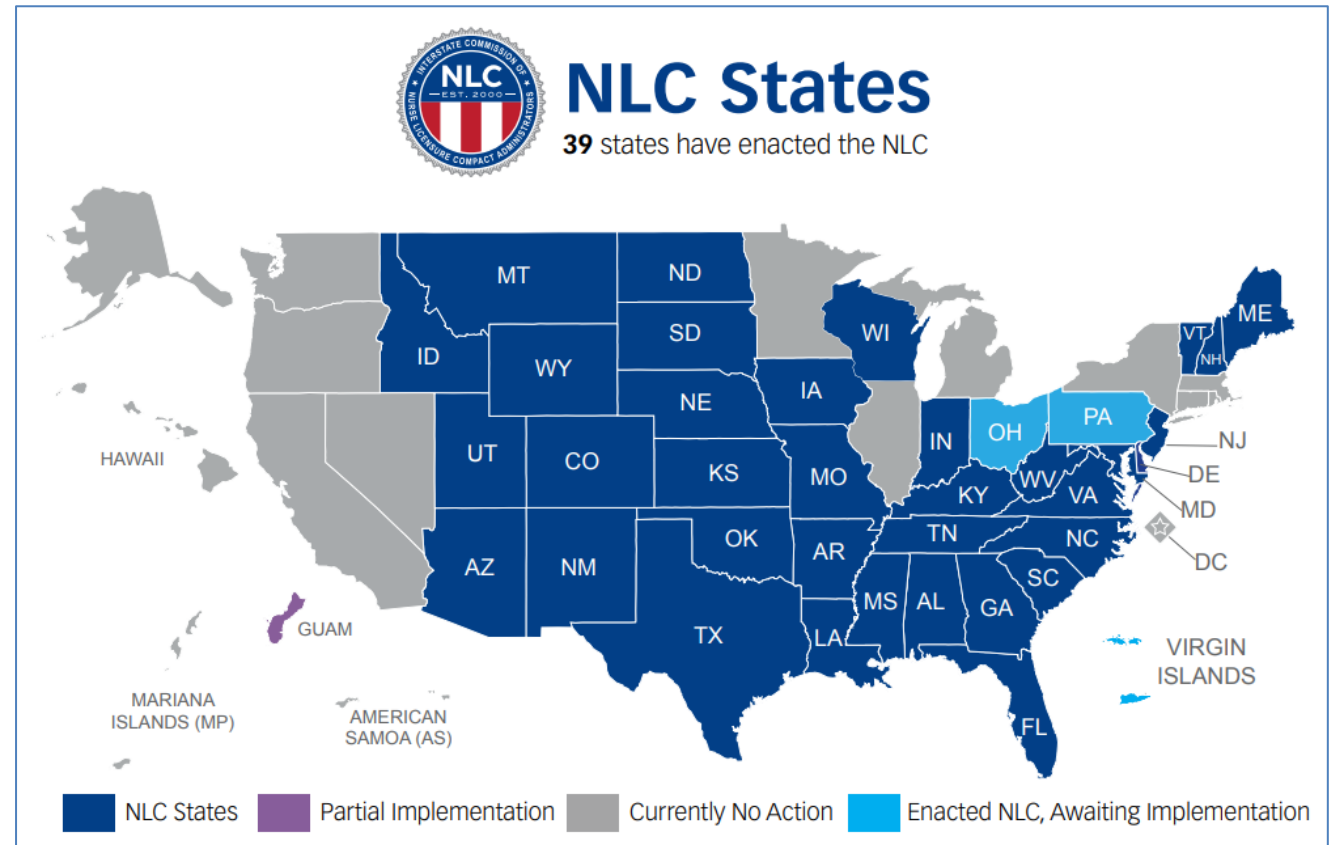
e.g., Moodfit, Sanvello, SuperBetter, WorryWatch, CHESS
 - Others have recommended use of apps that clients self-pay as ancillary supports.

e.g., Headspace, Calm, Talkspace, Moodkit

	BetterHelp	ReGain	TalkSpace	Breakthrough	MDLive
Types of Services	Therapy (individual, couples, and teens)	Relationship therapy	Therapy, psychiatry, sleep therapy	Counseling services, psychiatry, group therapy, sleep therapy, relationship therapy	Therapy, CBT, behavioral health, psychiatry, relationship therapy, trauma
Target patient/audience	Teens, adults, couples	Couples/relationships (excluding families)	Older children, teens, adults, couples	Adults, couples	Older children (10+), teens, adults,
Cost	\$60-90 per week (billed every 4 weeks) Upfront charge for the first 4 weeks of therapy (\$240-\$360)	\$60 to \$90 per week (billed every 4 weeks)	\$65 and up per week	\$99 per session For psychiatric care services: \$259 for initial session + \$99 for each follow up	As low as \$0 with health insurance Therapy: \$0-108/session Psychiatric care services: \$284 for initial session + \$108 for each follow up
Accessibility	Text messages, live chat, phone or video conferencing	Live 30-45 minute video call or phone call, unlimited text messaging via private chat room with therapist	Video, audio or live chat; send text, video, or voice messages any time	Video or phone chat sessions, text messaging	Live chat or video appointments

Increased Use of Interstate Compacts (telehealth + hybrid)

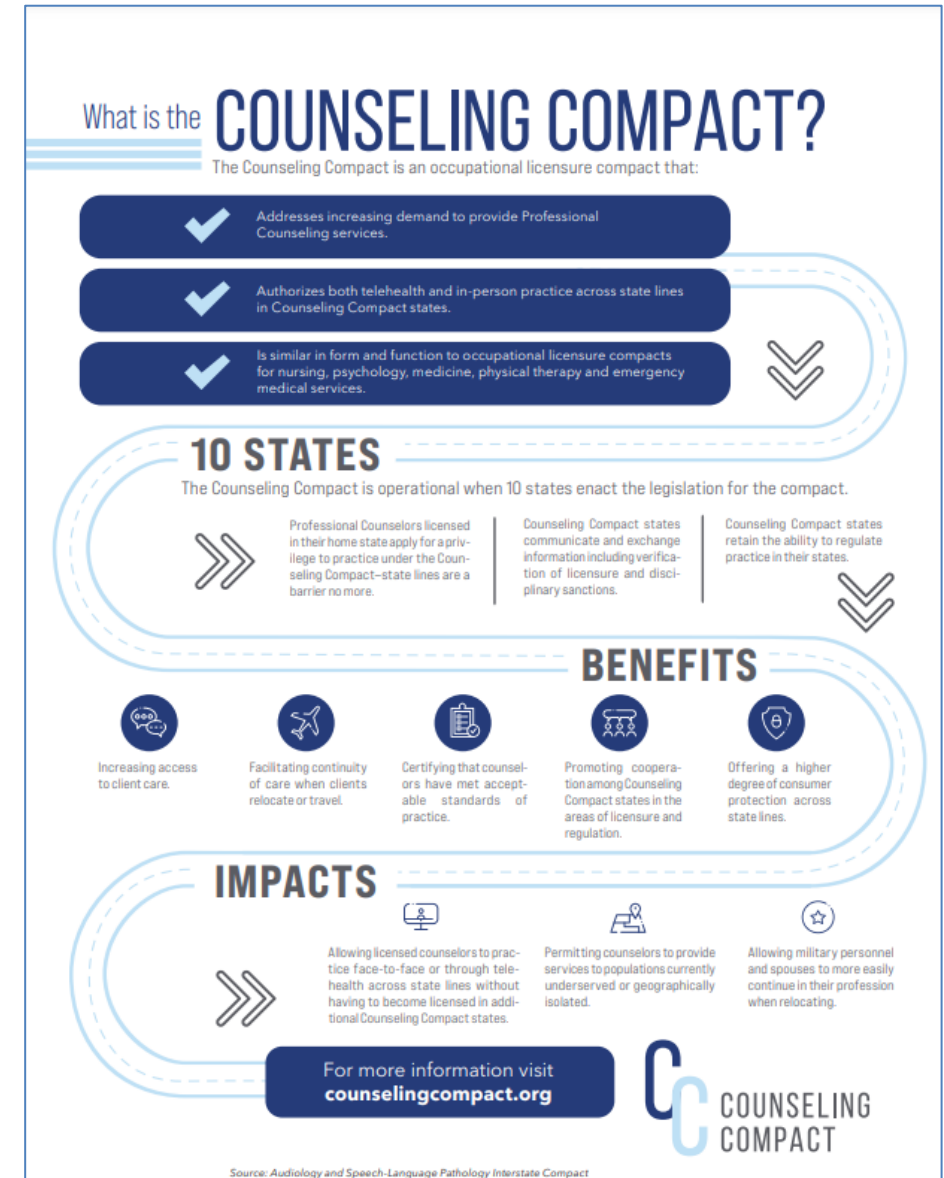
- **Interstate Medical Licensure Compact**—about 80% of physicians meet the criteria for licensure through the compact (42 states)
- The **Nurse Licensure Compact (NLC)** provides the same for eligible nurses (39 states)
- The **Psychology Interjurisdictional Compact** authorizes eligible psychologists to practice telehealth across members states (Psypact: 33 States)
- Physical therapists, speech language therapists, and emergency medical service workers also have compacts for serving multiple states.



Increased Use of Interstate Compacts (telehealth + hybrid)

The **Counseling Compact (ACA:14 states 6/14/22)** allows licensed professional counselors to practice across state lines without obtaining multiple licenses. Georgia, Maryland, Alabama, Mississippi, West Virginia, Utah, Maine, Florida, Kentucky, Nebraska, Tennessee, Colorado, Louisiana and Ohio. are participating.

https://counselingcompact.org/wp-content/uploads/2021/02/CC_Infographic.pdf



Use of Recruitment and Retention Bonuses (Examples)

- \$51 Million in Kansas for Direct Care Workers
[Kansas Direct Care Workers, Supervisors To Receive \\$51 Million Bonus Pay](#)
- \$845 Million in Oregon, Including Scholarships, Tuition Assistance and Other Supports
[Behavioral Health Investments In Oregon Increase](#)
- \$225 Million in Pennsylvania for the Hospital and Behavioral Health Workforce and Awards
Nearly \$19 Million to Assist SUD Practitioners with Student Loan Repayment
[Wolf Administration Details \\$225 Million Appropriation To Support Health Care Workforce](#)
- \$61 Million in Colorado to Hire More Nurses
[Polis, Legislators Roll Out Pricey Bill To Boost Colorado Health Care Workforce](#)
- \$1.2 Billion in Funding Allocated in New York State in FY 2023 for the Payment of Bonuses for certain “frontline” healthcare workers.
[New York State to Fund Bonuses for Certain Healthcare Workers as part of State Budget](#)

Discussion

- What can SAMHSA do to better support your work?
- Are there grants that can be modified to be more effective?
- We have collaborations with HRSA/CMS/ACF/DEA/professional associations/universities...are there partners we are missing?

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

CAPT Jeffrey Coady, Regional Administrator
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Jeffrey.coady@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Defining the Workforce and Visioning for the Future: Repositioning Self-Care

Janan Wyatt, PhD

*Associate Research Scientist
Yale Department of Psychiatry,
Program for Recovery and Community Health*



Breathe



Business • Perspective

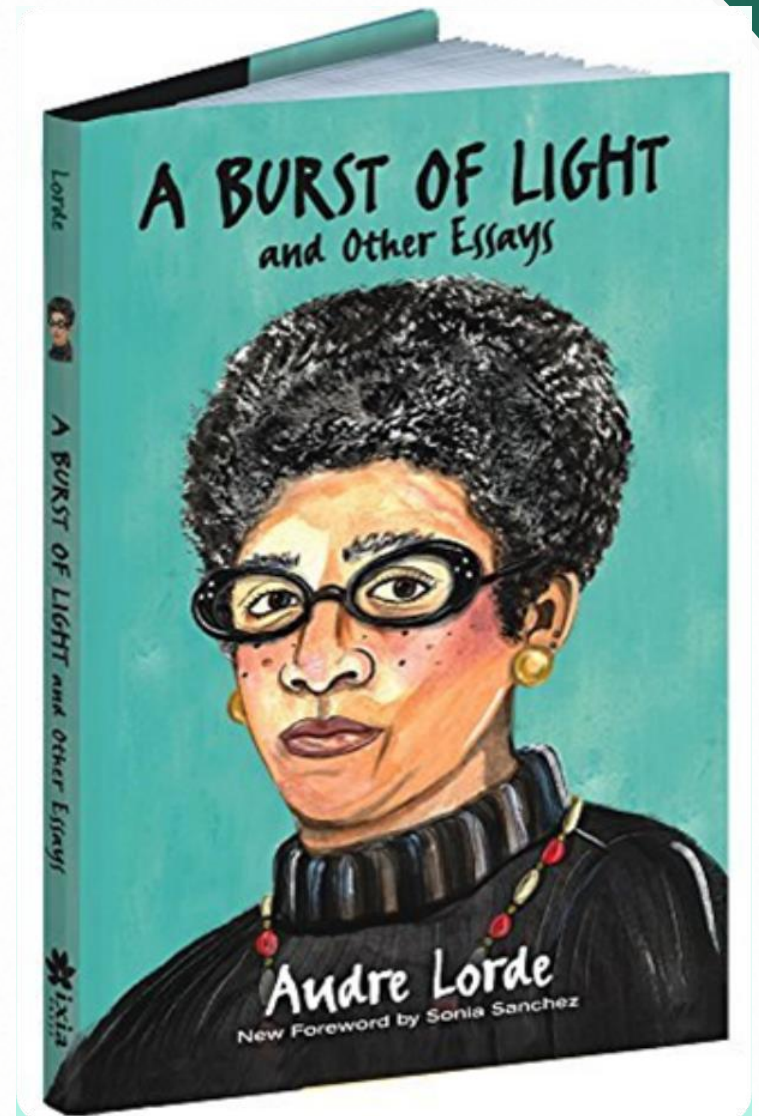
Black professional women are exhausted. They're finally claiming the time to rest.

Inspired by Simone Biles and Naomi Osaka, many of the Black women I know in the business world say they are taking steps this year to reclaim their



Audre Lorde

“I had to examine, in my dreams as well as in my immune-function tests, the devastating effects of overextension. Overextending is not stretching myself. I had to accept how difficult it is to monitor the difference. Necessary as cutting down on sugar. Crucial. Physically. Psychically. **Caring for myself is not self-indulgent, it is self-preservation, and that is an act of political warfare.**”



What is Self-Care?

Self-care is influenced by **cultural norms** or contexts, specific to the individual. Self-care is also influenced by **self-efficacy, sense of control, knowledge, and values**.

(Grantz, 1990)

Self-care is a **continuum of behaviors** ranging from total independence to reliance on communities, or one's network of care.

(Wilkinson & Whitehead, 2009)

Self-care involves ongoing **practice of self-awareness and self-regulation** for the purpose of **balancing** the physical, psychological, and spiritual needs of the individual.

(Carter & Barnett, 2014)

Radical Self-Care

- The mainstream view of self-care appears to be exclusive and decontextualized
- Radical self-care has historical roots can be traced back to the scholarship of Black and Latinx feminists such as bell hooks, Audre Lorde, and Gloria Anzaldua
- Viewed as a tool for social justice and survival for marginalized communities seen as a much-needed practice among activists who sought to propel social justice efforts while preserving their wellbeing
- Rooted in the principles of self-determination, self-preservation, and self-restoration

Why is self-care important for health professionals?

- Self-care is an integral part of caring for others (Skovholt, Grier, & Hanson, 2001)
 - in our clinical roles we are other-oriented, putting our needs aside to hold healing spaces for those in distress (Figley, 2002)
- Self-care prevents (professional) burnout and compassion fatigue (Figley, 2002)
- Self-care serves as an “insulation for stress” (Sherman, 2004)
- Self-care as an ethical obligation (Barnett & Cooper, 2009)

Self-care: Shifting the paradigm

Self-care is MORE than individual behaviors

Inclusive model of self care (Miller, 2019)

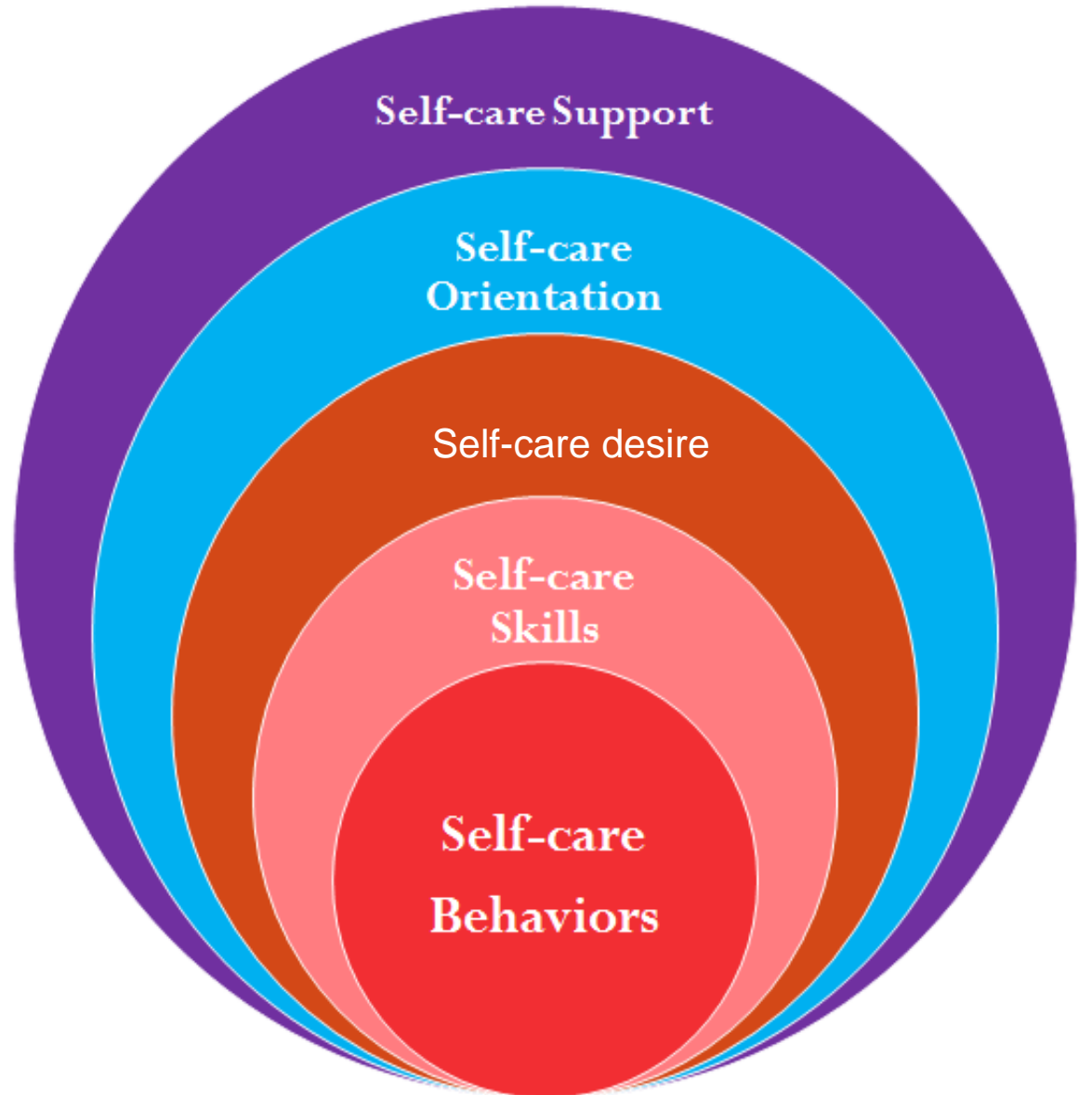
I feel confident, supported, and effective to care for myself.

I think about myself & my needs.

I want to care for myself.

I know how & when to take care of myself

I do things to care for myself.



Why is self-care support important?

- Operates with assumptions: individuals may not know what self-care is, how to engage in a self-care practice, or have accessible resources for executing a self-care plan
- Includes measures such as providing information, training, and resources
- Recognizes the impact of oppression and intersectional identities on the lived experiences of communities of color and how this can influence self-care practices
- Requires systems, institutions, and organizations to:
 - Prioritize increasing self-care capacities and sustainability
 - Respond to the unique wellness needs of the workforce
 - Implement programs and/or initiatives that support self-care needs of the workforce
 - Consider local cultural, health, and economic landscapes
 - Support community building

Strategies for self-care

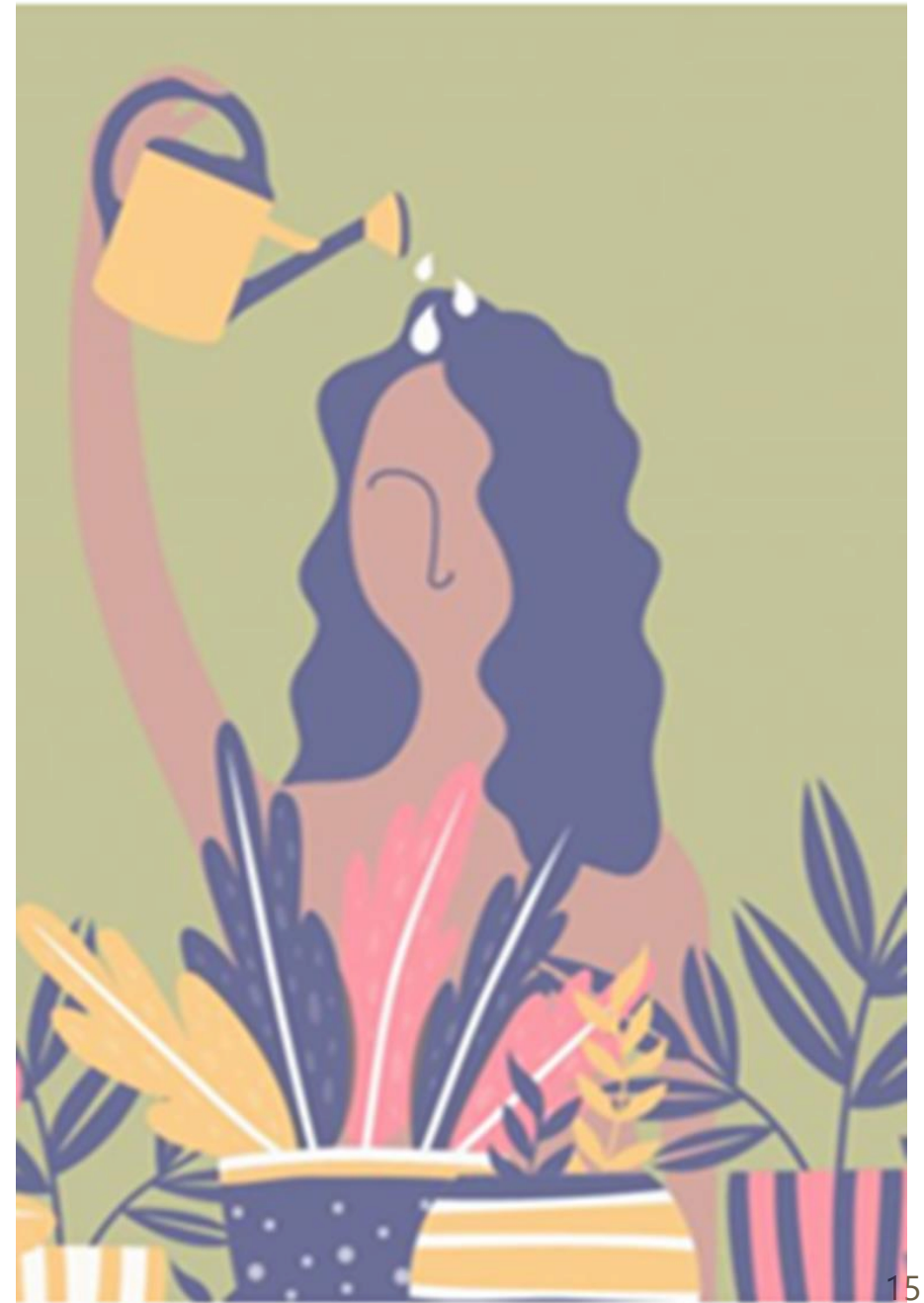


- “Call in” when capable, not out of obligation
- Use your privilege to “call out” injustice
- Acknowledge new roles/conversations due to the current climate
- Create your community (flexibly) and lean on them for mutual support (e.g. coalition building)
- Utilize community efforts as self-care
- Reflective activities (e.g. meditation, journaling)
- Intuitive Movement (e.g. yoga, dance)
- Cultivate joy
- Practice self-compassion



What Black Feminism taught me about self-care

- Honor my wholeness
- Prioritize wellness
- Resist performance
- Self-compassion
- Dialogue & Lived experience
- Create space
- Grace & Rest
- Embodied knowledge
- Connectedness
- Ancestral wisdom





Remember....

We are all trying our best!

- Some of us weren't taught how to take care of our WHOLE selves
- Other oriented
- Cultural context
- A dose of self-compassion goes a long way

Thank You!

Janan Wyatt, Ph.D.

email: janan.wyatt@yale.edu



solange knowles ✓
@solangeknowles



create your own committees, build
your own institutions, give your
friends awards, award yourself, and
be the gold you wanna hold my
g's 🌹

2/13/17, 7:21 PM



Kelvin Young
Certified Sound
Healer

Mindful
Break

Innovation Spotlight: Recruitment and Retention

Angela Taveira-Dick, PhD

Graduate Psychology
Education and Opioid Workforce Expansion
Training Grants
William James College

Catherine Vuky, PhD

Director, Asian Mental Health Concentration and
Assistant Professor
Clinical Psychology Department
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Fran Basche, MA

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Jen Parks, MSW

Assistant Director, Provider Support
MA Department of Public Health
Bureau of Substance Addiction Services





WILLIAM JAMES
COLLEGE

Q&A Opportunity

*When speaking, please
remember to use
strengths-based language
and to eliminate
background noise.*





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Larke Nahme Huang, PhD
Director

Office of Behavioral Health Equity

Closing Remarks

Contact Us



**WILLIAM JAMES
COLLEGE**
ADEPT CENTER

Margaret Giles, PhD

Email:

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Thank
you

We hope to see you at tomorrow's session,
hosted by the
[New England Prevention Technology Center.](#)



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