Chyenne Mallinson

Thank you for joining today's virtual roundtable hosted by the NNED National Facilitation Center in the SAMHSA Office of Behavioral Health Equity.

We're just letting everyone into the zoom room now and we'll begin the webinar on the hour.

Alright, so we're ready to be begin.

During our activities, the NNED seeks to use affirming and respectful language. We ask that participants practice doing the same during today's webinar. You can see more specifics around that language on this slide here which were adapted from the Mental Health Technology Transfer Center or the MHTTC Network.

We'd like to begin with a disclaimer that the views, opinions, and content expressed in this presentation, do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Office of Behavioral Health Equity, the Substance Abuse and Mental Health Services Administration, or the US Department of Health and Human Services.

Welcome everyone to the National Network to Eliminate Disparities in Behavioral Health, or the NNED Virtual Roundtable. This Roundtable, “Where Did Funding and the Workforce Go Exploring Innovative Strategies for Sustainability and Retention in the Behavioral Health Field” is the last in our 2022 series.

My name is Chyenne Mallinson. I use she/her pronouns and I'm the Virtual Roundtable Coordinator for the NNED’s National Facilitation Center.

I'm also joined by our NNED team Alina Taniuchi, Angel Villalobos and Ciara Booker, who will be supporting today's Roundtable.

The NNED is a network of diverse, racial, ethnic, cultural gender and sexual minority community organizations that strive for behavioral health, equity for all individuals, families, and communities.

The NNED has more than 5,600 members, which include over 1,300 partner organizations or community-based organizations across the US, territories, and sovereign tribal nations.

The NNED highlights and share as new programs or interventions to build the capacity of its members and its partner organizations.

One way to do so is through the Virtual Roundtables like this one.

So, before we started a discussion, let me mention a few logistics. All the participant lines are on mute, but we do encourage you to share your perspectives in your comments through the

chat box. If you have specific questions for the panelists, please use the Q&A feature at the bottom, your screen. This includes tech issues or questions for the panelists as questions may get lost in the regular chat box. We encourage you to use this feature. Close captioning is also available through today's discussion at the bottom of your screen using the live transcript icon. The Virtual Roundtable is being recorded and also shared through Facebook Live on the NNED's Facebook page. The recording today's slides and related resources, including those mentioned on Today's webinar will be available on the NNED website. Information on how to access the recording, and these resources would be sent out to all registrants after the Roundtable.

I also want to note that are there any breaches to the security of the event, we will immediately end the session.

Our agenda begins with a welcome from Dr. Mary Roary, director of SAMHSA's Office of Behavioral Health Equity. Then we will invite behavioral health, consultant Lucas Peterson to set the stage for today's discussion. If time allows, we will ask our panelists to respond to questions that come up in the Q&A followed by sharing with you all how to find additional resources through the net.

Today's virtual roundtable will provide the opportunity to explore innovative ways to secure funding and address reporting and compliance needs get ideas on how to seek and or create collaborative opportunities to increase organizational capacity, learn about approaches to growing and diversifying the behavioral health workforce.

And here how to it provide professional development and prevent overextending existing staff. And now I'd, like to welcome Dr. Mary Roary, director of SAMHSA's Office of Behavioral Health Equity to provide opening remarks.

Dr. Mary Roary

Thank you, Chyenne. So let me thank everyone right now, planning to meet, and all of you for showing up here today. Welcome to behavioral health. equity. game changes. many thanks to taking the time to be with us all here today.

We know that you all are the experts but it's always a good time to come together to break down signals and to share what's working.

What is not working, who is gaining access, and a time to reflect who is still not at the table.

Today we will hear from the experts. One of them is my mentor at SAMHSA, who includes resistance working, but make big splashes everywhere. She goes back to a hair on. Moreover, at SAMHSA we are determined to make sure that we support the diversity of the behavioral health workforce for practicing what we preach. We are implementing in inside outside approach by ensuring that we have well functioned. diversity, equity and inclusion and accessibility work groups across cancer.

We have the name which you all are here today, and the NNEDLearn which focuses on training the behavior of workforce being such a motivational interviewing for holistic approaches to mental health and substance use. We have fellowship programs that target under resource populations. We have technological transfer things. We have the regional administrators and assistant regional administrators. We have peers and folks would live experience leadership as part of census team. We had the Centers of Excellence on African American behavioral health, LGBTQ… I could go on, but I want to stop here so that we can see what happened to the funding and the lack of diversity in behavioral workforce.

And so, you will also have more than enough time you're burning questions, and for you all to share with the guests are because we all know that we can't get there without all of you it's not about any of us but it's big as it all of us it is about the impacted under resourced population, and all properties that's promise. Not that another life be lost to mental health, and for sessions less encouraged as young people to consider a career in the behavioral health workforce. Nothing is more appealing than saving or improving a life.

Thank you all before me, engaging your attention this afternoon. Now I am very happy to introduce Dr. Lucas Peterson, who is a healthcare professional community organizer, with over 14 years of dedicated experience in seller roles ranging from direct care, health policy, business operations program management and community engagement Yes, Lucas. We are on the edge of our seat to learn more about everything that you want to share with US

Finally, I want to say I encourage you all to just say thank you to the folks that you work with in that work for you in the behavioral health can't work for they are grossly underpaid, but they have the particle, and all they want to do is improve another person's life. And so, with that Lucas you're up, and thank you so much for being here.

Lucas Peterson

Hi! Thank you, Dr. Rory. and thank you to SAMHSA and the NNED for hosting the virtual Roundtable on this extremely important topic of funding in Workforce.

I also really thank you everyone who's on the panel and then also who's attending today, because it definitely shows that you're interested in these important topics and how we can work towards improving the services and supports for those in our community and creating an opportunity for them to have a better life that supported through strong mental health and substance, use resources and supports. So, thank you, everyone.

So, I'd just like to start by saying that over the last several years you know as a country, we've experienced some really difficult events. And even globally starting with, you know, the pandemic in the different impacts, both to those in their own mental health substance use workforce concerns. The tragic murder of George Floyd in recognizing you know, racial trauma that is existed for centuries. But it's really been elevated in our current society you know.

Unfortunately, there's been some school shootings of weight on in Uvalde and some other communities, and a lot of these events have really put a spotlight on the mental health and substance use infrastructure and system and started to really elevate its importance in our communities and show there's some huge disparities that exist for those of people of color and the underrepresented communities.

And so, as we look right now, we're seeing there's huge challenges in this infrastructure, and some of those huge challenges our funding workforce in particular. Right now, that's happening across the field but when we look at mental health and substance use professionals and other supporting professions there hasn't been the same level of support.

That we've seen in other healthcare professions or other professions that hopefully we can begin to advocate. For that, we're re-recognizing the importance for our communities Another one definitely has to do with something we're experiencing more now is inflation. And what does that mean? And how it impacts rates? Our ability to retain and attract top talent and how do we maintained funding, moving forward.

Whether that's grant-based funds or moving into longer term sustainable funds like Medicaid or commercial insurance and things excuse me of that nature. Another item that, as we look at moving forward from a sustainability standpoint, is really integrated care and care that is mental health, substance use with primary care thrown in there as well, and also preventative care.

And how do we make that care responsive culturally to those of the communities we serve? And how do we then provide quality measures that support the need for and importance of this care that we can then use again to drive legislation, to drive funding, to drive other opportunities to make these services available and hopefully longer term sustainable. And then, lastly, for many of kind of providers and individuals out there that are working with smaller people, communities that are underserved, that often becomes a concern about resources support and capacity.

And how are there different ways that we can work together to maximize the capacity that we do have so that it's more sustainable for those smaller nonprofit organizations? Are their partnerships being their collaborative. you know, is there learning communities that we can participate in? and then that helps support? The creation of culturally responsive programs or sustainable programs. Longer term as funds. Look at being reviewed and you know. Look at making them more sustainable so today.

That's kind of an Overview of some of the topics we'd like to discuss but I guess I'll hand it over to Chyenne.

Chyenne Mallinson

Thank you, Lucas, for sharing this overview. Now, I'd like to introduce the rest of today's panelists. You can also find their full Bios on the NNED's website.

So, we have Anne Heron, she/her, who currently serves as the director of the office of Intergovernmental and Public Affairs at SAMHSA. The activities of the Office include policy, liaison work, such areas as disaster and emergency management, tobacco and health, tribal affairs and policy and international global health and territorial affairs.

We also have Patsy Cunningham, she her who serves as a behavioral health adviser at the Health Resources and Services Administration or HRSA in the Office of Special Health Initiatives. In this role she provides advice and guidance to senior leadership on policy, development and coordination for behavioral health issues that impact the US Department of Health and Human Services and herself. We also have Vattana Peong, he/him, who is the executive director of the Cambodian Family Community Center, a nonprofit community-based organization, providing competitive health, mental health, youth, youth, development, citizenship, cultural preservation programs and other services to low-income children, immigrants, and refugees in Orange County, California.

So that was a brief introduction, so as to so as each panelist is going to answer their questions and gets invited to speak. They'll share more about their work and or their organization. So, we'll begin so as we move away from emergency funding to long term management and semi-post-COVID world.

There's been an increase in Behavioral health funding available to communities. However, this funding isn't always accessible to smaller CBOs.

So how can CBOs access these resources to ensure that communities most impacted are able to benefit? Patsy, I'll invite you to answer that first.

Patsy Cunningham

Thank you so much. Hopefully everyone can hear me. Well, I'm going to move a little bit closer, just to make sure. But thank you again for having me.

My name is Patsy Cunningham, as mentioned, and I am the behavior health advisor here at HRSA, in the Office of Special Health Initiatives, and, as mentioned of course, there has been a lot of emphasis on funding that has been allocated during the COVID-19 pandemic.

And so, in addition to those funds, that funding that was made available to many of our grantees through the American Rescue Plan Act, there will also annual appropriations that have consistently been invested in behavioral health programs, specifically many of our workforce development programs as well as many of our service programs. And so just want to give a little

bit of insight on some of the programs that were able to actually be enhanced or expanded, or that we're completely funded with these particular resources. And then I'll also go into how smaller community-based organizations have either benefited from these programs or have opportunities to benefit in the future.

So, I want to mention that the American Rescue plan funds that we've received at HRSA. We did receive it over 100 million dollars for our behavior health workforce education and training program and an FY21 We were able to make a 22-million-dollar investment to that particular program for 56 organizations which actually broke the total investment to 66 million for our 168 organizations. And so those organizations that are funded through that particular program are academic institutions, so that include maybe communities, community colleges, universities, teaching hospitals, etc. And so those organizations are actually able to partner with organizations in the community that offer clinical training opportunities for social work students, psychology, students, behavioral keys, profession, counselors, and so forth.

HRSA also invested 10.7 million dollars in Arp funds to expand our pediatric mental health care access by integrating telehealth services into pediatric care which actually brought in outreach from 21 awards and 21 States to 45 awards, and 40 States, as well as the District of Columbia, the US Virgin Islands and a Republic of Palau. It also provides support to 2 travel areas. So that was actually the expansion of funding that was able to add on to our existing funding opportunity.

And then, lastly, we actually invested 103 million dollars for our programs that actually promote mental health and wellness. So, you may have heard of our resiliency efforts, and so many of those programs went to organizations who provide health care as well as training entities or agencies that actually employ first responders, providers, trainees, etc. So, community-based organizations have come in as partners for many of those applications as well as some of our annual appropriations that focus more on health support workers, Nonprofit agencies are eligible to apply for that funding and of course, through stakeholder engagement.

We have heard that some of the smaller community-based organizations feel intimidated when applying for large Federal funds. However, HRSA does call for grant-writing opportunities for individuals to enhance their chances, and you know, understanding how to respond to Federal notice of funding opportunities as well as we encourage individuals If they have not already done so. Maybe to volunteer as reviewers for applications, so that gives individuals opportunity to understand the application process.

It gives them opportunity to actually reapplications that have been competitive and have followed all of the regulations as a requires to actually been eligible, as well as maybe come in as a core applicant. So, there are sub-awards that many individuals are able to receive under the larger award, if smaller, community-based organizations don't feel as confident, and apply for these funds themselves. But there are various opportunities that exist for many of versus behavior, health initiatives that smaller community-based organizations are able to apply for.

Chyenne Mallinson

Thank you, Patsy. Lucas, would you like to add on to that?

Lucas Peterson

Yeah, hi again, this is Lucas Peterson.

And you know one of the things that I really think when it comes to funding is realizing that there's a bought a different form of funding in places where funding comes from. And right now, there's this… really, kind of, you know, unique time. where, again, mental health and substance use services and racial health equity is really a big topic in many spaces that it wasn't previously so I think many individuals are getting opportunities and invites, to different tables that they may be previously weren't, or did not have access to, especially for those representing underserved communities. And so, I think a lot of times there's an opportunity right now to get in front of different audiences that we maybe haven't gotten in front of before, to share what are some of those challenges What are some of those opportunities that spark some really great opportunities and ideas through different funding in that could be through a Federal government, State government, county government, be private phones or other larger nonprofit organizations.

It could be health plans working on whether it's a product like Medicaid Medicare, or commercial. If there's different targeted areas that some of these funding, agencies have, there may be an opportunity to work with them and create sort of a grant opportunity, or a demo or a pilot program, and then take that pilot program demonstrate proof of concept, And while you're doing that collect data that can then be used to support longer term sustainable projects, whether that's a refunding of the existing supporters, or maybe it's new supporters or could even be taking it to the step of legislation to say, Hey, we would like the expansion within our Medicaid programming to have a cultural or traditional healing for our native American communities and members.

And so, I think you know right now, the big thing for me is just your networks. As I'm sure many of you have great networks as it is already. Keep pushing those networks and those opportunities may you'd be surprised where you may find yourself sitting at those tables moving forward. And again, the next piece to me is often about that sustainability piece.

While we do this and have the opportunity for some pilot or demonstration programs, we really want to collect that data because the data really helps us work towards showing the benefit and then longer-term sustainability.

And so, I think for me that's one of the biggest things that I really can recommend, and sometimes what happens is resources can be super thin like you don't have a grant writer you don't have someone that's able to put forward some of these presentations or proposals. And so, part of it, then, is often educating some of these funders on, you know, in order for them to

be culturally responsive. These are some limitations. And so how do you look towards really more of the substance of the program instead of the nice fancy binder? And some of the colored highlights that you know, some of those large organizations can have where they do have a full time.

Professional grant writer available to them. So, I think that's some of the recommendations I have, and then the other recommendations that I would have would just be looking at what are some of those existing community resources that already exist like communities of practice. Sometimes those can be really great in regards to… they've already experienced and gone through the process before themselves whether that's like becoming Medicaid certified and eligible to provide in your state, and that can be a very difficult long process but if there's a provider that's already gone through that process previously are they willing to kind of help you walk through the steps of what that looks like and avoid some of the challenges that they maybe ran into

So, I think those are some of the ways I would recommend you know, working together to access some of these resources and supports for your community and individuals you serve.

Chyenne Mallinson

Thank you, Lucas. Our second question is for Vattana. What are some innovative strategies for building relationships with funders?

Vattana Peong

Tom Ribsua, and good morning! Everyone from Orange County, California.

My name is Vattana Peong. Again, I was like to director of the Camel and Family Community Center. My pronouns are he/him/his. Thank you so much for the opportunity to be in this community space with all of you.

Before I start, I just want to share a little bit about my organization. The Cambodian Family Community Center, which is a community based nonprofit organization, founded in 1,980 by a group of Cambon refugees. We have served the community for over 42 years and has provided culturally and linguistically tailored program and services, including the mental health services which I'll focus on prevention and early interventions not clinical services. Each year we reach over 30,000 to remember and serve about 3,000 under duplicated clients, and over 95% of our clients are limited in this profession, because our focus is on refugee and immigrant community members, and we are located Orange County, which is the 6 most populous county in the United States with over 2, 3 point, 2 million residents, and about 25% of the residents I consider as Asian Pacific Islander a community members.

I think there's some strategy that I personally have employ an organization. One is to regularly communicate the process impact and challenges to ranking donor relationship quarterly.

So, I set myself to communicate that kind of like messages to our funders on a quality basis. This is a very important to keep our fund updated about our work. For me, funders are considered as our community partners who we want to bring along the journey with us. Our organization has provided this update throughout calling use letters where I'll find the emails are included also, we are not afraid of communicating our challenges without funders, because people might say 'Oh, we don't we just want to tell the good thing, but for me I also share the challenges with the funders' right?

For example, around the summer of 2020… that was a few months into the Covid-19 pandemic, where we have seen our community that we serve as struggling with accessing basic needs and food in security. We were able to approach our funders, and hey, we said that especially our foundation funders. We said, and the phone that our community challenges and ask if we could shift our funding focus from program and services to providing basic needs to the community, such as food PPE rental assistant housing vouchers. And we are so grateful that we were able to have that kind of like funders who are very flexible to do that.

A second thing, when we work with our funders, we always ask ourselves if our relationship with them is transactional versus transformational. We need to clearly define with our funders regarding what we need from each other in order to have transformational funder-grantee relationships, which is the just going beyond receiving grant and submitting our reports. For our organization transformational relationship with our funders include inviting them to attend our program and see us within action participate in our community and cultural event, for example, we invited our fund to attend our Cambodia New Year event, and also being open and flexible and responsive that with each other we also need to participate in their event as well. Where we will be invited as well to highlight our work to defend their supporters and go the director and participate in like run make the event submit.

For example, in Orange County, California, there is an Orange County Grantmakers regional leadership association for funders and philanthropists that host an annual or Orange County Grant Makers Summit, the largest convening of funders, nonprofit the 3 leaders, and I would like to invite you to check it out. If you have this kind of association of funders in your area and your county in the region, and to try to participate there where the fund a nonprofit list leader, a meeting.

And third one I just want to share is that ability to document our process outcomes and impact and share that information and resolve with our funders and stakeholders. A great example from our organization is the development, our annual four-page infographic report will be listed all about process, outcomes, and images that of our activity. And believe it or not, when we send it out, and over 90% of our funders love it. 'This is Vattana. This is great I'm glad that the funding that we offer, you'll be able to make a lot of impact,' but we have to be able to adopt

that and put it something that is easy for our funder to read. And they reduce it to also inform the board of director, and in turn we are so happy to see this kind of relationship.

And last, but not least, is the ability to demonstrate to the funder your sustainability plan for your program and services for the night 2 or 3 year down the road. For me, not profit when we talk about sustainability I don't know, I kind of don't believe in it. Because we always rely on funding on grant to support how when the Funder asked me, 'show me your sustainability for the next 5-10 years,' and we cannot. We are evolving. We are responding to community. But even able to show you 2 or 3 years down the road. I think I think I have that great sustainability plan, right? But for me, we, if I'm able to demonstrate what we able to sustain the program for the next 2 or 3 years, it is so powerful to be more trust from the fund even in they said, 'Oh, this is your plan, and we want to make sure that you have the capacity to invest that into a sustainable.'

Just an example from me is that we like that organization have for the past 40 years has been the focus on the on the prevention and early intervention of mental health services. And that is hard because we have community calling as for clinical services. For example, last year, you're in the pandemic after the vaccination, people started to go out, we have received a call, an increase in 110% call from our community member seeking for clinical services like mental health therapy session and things. But we did not provide that, because we did not have the ability. And then, and then we look at the community member of over 80% of your member have Medicaid. And then on one of the benefits in the Medicaid is being able to access the mental services. But believe it or not, in Orange County we do not have a Cambodian speaking mental health therapist in the whole county that has about 12,000 Cambodian out of over 3.2 million residents. So, we said how the past is so limited, and then reach out to one of the foundation funders called you need. How foundation is that? 'But Vattana, we want to be in the capacity we want to offer you, and then apply for $400,000.' So, we do see a grant of $400,000 to start our exploring the clinical services aspect of organization. And that is the capacity building that able to engage the foundation funder, from showing them the neat document in that, and show them what we need in order to be for us to become a Medicaid billable services agency

So those are some things that I want to share with all our participant.

Chyenne Mallinson

Thank you. Thank you, Vattana. It's great to hear what your organization has been able to do. Anne, what are some other collaborations that CBOs can model to access funds and funders?

Anne Heron

Thanks. Chyenne hi! thank you so much for having me. First, I'm Anne Heron, with SAMHSA, and I've had an opportunity to have several conversations with the task force recently a task

force made up of community college representatives really representing community colleges from all over the country, and they came to SAMHSA because they're interested in how a more innovative, a more integrated relationship with community-based organizations.

But they don't really know how to approach and what how to reach out.

Not true universally. Of course, many of you probably have some really good relationships with your community colleges, but they really wanted to develop some way of thinking and talking with community-based organizations that really talk about creating partnerships and creating value added for both the college and for the community-based organizations.

So, we talked about different kinds of projects or different kinds of activities or relationships that could be helpful and some examples.

Some you're, I'm sure you're already engaged in things like other and providing student practicums and internships in your program. Many of them are training and providing services for community health workers and peers. So, the supervision issue is really about your program it's not necessarily related to a particular profession.

Some projects are around working with teachers and some of the students that are looking at degrees and communication. So, helping a provider to establish or improve a website, or social marketing, or even kind of marketing materials that you may want to give out to your community. Students want and have to do projects for their classes They want to do something that's going to have and make an impact in the communities in which they are living. Some other areas. data. So many of the students are doing research and needs assessments.

Well, maybe if the local people provider has a need for a needs assessment for a particular substance or a particular population, or a particular issue that can be something that the student provides and can make available to the community-based organization looking at outcomes and documenting performance again. Those are things not only that our benefit, to the students and the community college, because it's increasing their awareness, increasing their sensitivity about what's going on in their community, but it's of great value to the organization who uses that kind of information to approach philanthropy, to approach grant responses and grant applications.

Those kinds of things, and then probably the biggest connection that they talked about was using that relationship with the Community college to provide a fiscal sponsorship where the college is providing the financial system or grants administration experience that often the smaller community-based organizations may not have in exchange for a percentage of the administrative cost of that grant.

Something that that really seems to be of interest to the community colleges, and I think would be a great value to the community-based organizations. The request is that those relationships have to be established early, not at the time that you want to ask for some support, or some

need creating those that that even that that partnership about where what you can do together and how you can support each other is something that really, they're interested in having those conversations talking to the college advancement office. The Grants office business office, and many of the community colleges have foundations. So that's something that they brought to us that I wanted to share with you. So. Thank you.

Chyenne Mallinson

Thank you so much for sharing.

Lucas, can you describe some of the work that you're doing with CBOs to increase their organizational capacity and streamline those reporting and compliance needs? And what shifts, if any, have you seen amongst Funders willingness to provide general operating and administrative funds?

Lucas Peterson

Yeah, thanks.

So, I have the privilege of working with several smaller cultural, responsive mental health and substance. use providers that kind of represent the in Minnesota, the Hmong, Karen, Somali and Latinx communities. And you know one of the challenges that they have ran into is the administrative burden on them both when it comes to becoming certified license credentialed with the State, but also with health plans and that process taking a lot of time. But then also the billing and the clinical documentation requirements that I think many of you, on this presentation of have experience with.

And so, what we what we've done is we've actually kind of created a partnership across several of these organizations where they've streamlined sort of their clinical documentation excuse me to be kind of standardized That then feeds into electronic health record. and by doing so it actually helps them with that documentation.

And so, they don't have to spend as much time doing the documentation meeting all those or having additional requirement additional information that's not required. But still meets the requirements and the standards legally and clinically, but allows them to spend more time than with their actual clientele that they're serving, and one of the things that we found is especially when working with some of our underserved communities or communities that maybe don't have the most experience with identifying, recognizing mental health or substance use issues take some additional time to work with them and help them understand what mental health is what substance use is. And so, we've helped on the front end by streamlining this process.

And then additionally, they didn't have enough volume of clientele that they were seeing to pay for a biller and that administrative staff behind the scenes for each one of these organizations.

And so, they were having a really hard time finding Staff to do the billing, getting staff to stay, because they only could maybe have work for half time or a third time, person. But by combining these organizations together they were able to identify and have enough work for one full time biller that then was able to do the billing for all of these organizations, and it's sustainable for them, because otherwise it became extremely burdensome to their staff to have to try to build for those services.

And this also, these organizations are billing, you know, multiple funding resources. So, some were grants, and they required certain information. some were other grants that had different information. Some was Medicaid and some was commercial, and so part of it was trying to again standardize the information that was collected so that we could efficiently get the tasks done on the back end. And so I think that has been really interesting to see how they've come together to partner, and this is allowed them to be sustainable, and we can see it in their financial statements when we made this transition because they're cash flow is definitely you know increased And during the pandemic this has been really important, because cash was really at a scarcity, because the volumes definitely had to head lowered for certain services. Excuse me.

And then one other area that I think was in regard to like organizations kind of helping with streamlining is just recognizing that the other thing is working with your State and Federal legislators and or policy staff to work. I'm trying to reduce some of that documentation requirement I think it's a topic again that we've all been there in talked about. But I do think that you know there is a little more of an openness around, you know, culturally responsive services. And what does that look like in regard to documentation standards? I also think there's conversations that are definitely being had in Minnesota around the licensing boards, and how licensing boards and the questions that are created, is there bias in them?

And if there are other opportunities for us to be more culturally aware and culturally responsive to reduce that to allow for more underserved individuals from diverse backgrounds, to then become clinically licensed like I believe Vattana said there's no licensed professional in Cambodia. In this large area where there's definitely a need and I think you know many areas that we serve experience similar shortages. So, looking at different angles that we can take to increase that workforce that's culturally responsive. Thank you.

Chyenne Mallinson

Thank you, Lucas. So, we heard a bit about the capacity issues that organizations are facing yet they continue to broaden their scopes to support their communities. So as organizations are expanding their services to become one stop shops, what's happening at the Federal level to ensure that these CBOs are finding adequate support?

Patsy, I'll pass to you first.

Patsy Cunningham

Sure, thank you.

So as many other health and human service organizations I'm sure does this as well HRSA has an inter-governmental external affairs office.

I mentioned briefly about the Grant writing assistance, like the Grant one on one technical assistance. and so that particular office has the ability to really engage with several community organizations as well as just communities in general across the 10 HHS regions. And so what they do is they make themselves available to provide that grant 101 opportunities to make sure that if individuals are expanding and they're trying to become an eligible site for national service for they understand what of the eligibility requirements that are needed in order to become a site, or if they're granted opportunities that's coming up, they engage and promote the grant funding opportunities to organizations who appear to be eligible based on our legislative authority, and then make sure that they know about the technical assistance webinars that are coming up to make sure that individuals understand what are some of the program objectives? What are some of the goals of the funding opportunity?

And then also there are opportunities to make sure that community-based organizations have adequate support when they are a funded grantee. We provide not only Federal Project officers who are doing compliance and technical assistance, but we often also have technical and funded technical assistance centers who are working very closely with these funded organizations to make sure that you know they're able to meet their programmatic objectives. They're able to recruit students as a relates to whatever their training objectives are. If they're trying to peer support specialists they understand how to, you know, they understand in are able to develop recruitment strategies.

But more importantly, you know. Oh, Federal funds you know there's project periods, right? And so sometimes those funding that fund and ends, so they also are able to assist with sustainability plans. How can you work with different organizations who are off who are able to offer financial incentives to make sure that once these Federal funds in you're still able to provide these training resources for the workforce, so you're still able to access that enhanced curriculum that you developed during the life of the correct.

So, those are just some ways in which we're able to assist existing community-based organizations to make sure they have adequate support as well as those who are interested in becoming a HRSA grantee.

Chyenne Mallinson

Thanks, Patsy. Anne, I'll invite you to jump off from what was shared.

Anne Heron

Thank you. So, I completely agree with all of the things that Patsy talked about.

But I want to maybe talk about it from a little bit different perspective, which is that so many organizations, entities and Federal agencies now are paying attention to mental and substance use disorders that maybe hadn't been before. That what we are finding is that almost every other agency has some connection with metal or substance use, whether it's, prevention, intervention, treatment, recovery.

And just to give you very briefly an example I looked at the Cross Federal Agency work groups that SAMHSA alone is involved in and has been active within the last month, and we're talking Department of Defense Homeland security Department of Labor Department of Justice, National Highway Traffic Safety Department of Education Housing, an Urban Development, VA Social Security, FDA, and USDA. That was in the last month.

So, the issue for me is not… is there integration or collaboration to support the one-stop-shops? It's that there's almost too much information that's out there that's difficult to navigate…The resources the tool kits the webinars that exist. There's an awful lot of information. And I think we haven't found the right way of communicating the necessary information to those organizations that need it. So that's something that we all from a federal level, are working on consistently, and we'll continue to try to get that right.

But I also want to mention other than outside of health and human services, we've also, within the department of health and human services, we've got in a process that institutionalizes our collaboration around behavioral health, around mental and substance use prevention intervention treatment and recovery. And that's the behavioral health coordinating council. And that's a way for us to regularly and consistently communicate with each other about what it is that we're planning, how we can share and collaborate on activities on announcements, on toolkits… in a way that the tries to make it much more targeted and easier to negotiate what is available. So. thank you, Chyenne

Chyenne Mallinson

Thanks Anne, thank you both.

So, Patsy, I'd like to follow up with you for this next question. According to the Bureau of Labor Statistics, the nation has witnessed a significant increase in quit rates in June 2022 that rate was around 4.2 million people, which is double in comparison to April 2020. So, the great resignation, as it's been coined has significantly impacted the capacity of CBOs, especially those smaller CBOs. To that end. What are some resources available to sustain the behavioral health workforce?

Patsy Cunningham

Sure. And before I go and dive into the resources available to sustain a workforce, I want to first start by recognizing many of the workforce challenges that exist, because you know, obviously you want to know to leave the land before you are able to really understand what are some opportunities or solutions to really address some of these challenges.

And so, as noted you know there are several workforce challenges, including recruitment and retention, provider burnout, diversity as well as the distribution of providers as they're currently situated in as they're needed in making role in underserved areas. And so, as the demand for behavior, health services has increased in the US with both the COVID-19 pandemic and the opioid crisis, coupled with the current supply strains of individuals, leaving a behavior, health workforce, recruitment and retain and behavior providers in areas where they need it most is one of the major issues. So, recruitment retention challenges, you know, of course, not limited to high turnover rate, how workload like resources as well as stigma, Research shows that conversation in a behavior health field is often considered less than competitive with other sectors of the economy, which can be a main driver for recruitment and retain and staff.

So those are just some of the major challenges as well as research, showing that organizations are unable to retain providers due to case load, size, paperwork burden, and the lack of mentoring and recognizing the significant issues and really creating a career path for individuals from step one or from phase, one to phase 2, especially with many of the pair professionals like a behavior health a one, and being able to eventually graduate to a higher level of work as well as a more sustainable wage, which brings me to the second point of burnout. So, provider burnout has contributed to long working hours, as well as sometimes unsustainable productive goals and greater overall difficulty balancing work, life, balance. And many, many organizations have identified burnout is being one of the major factors of individuals leaving the workforce. So, as you mentioned, that great resignation.

In addition, diversity, including demographics, as well as provided types is a major challenge. And so, there's a rise in need for substance use practitioners to reflect the diversity of the clients they served in terms of age, ethnicity, as well as sexual orientation. Data shows a lack of treatment providers with military affiliations, recovery experiences, as well as different sexual orientations.

And then, of course, as I mentioned earlier, the aging workforce so increase in prevalence of behavior, health conditions and shortage issues and role and other and geographically isolated undeserved communities contribute to much of the challenges that we are faced with today. So, there's approximately 60% of…data shows a 61% of areas that has a mental health professional shortage area is in a rural area. And so HRSA acknowledges that many of those challenges need to be addressed. And so, we have had the fortunate opportunity to provide training and technical assistance to individuals who are existing funded organizations for so awards. And that is, through didactic enhancement as well as experiential training.

Many of our workforce development programs offer funding, not only to the organization to be able to administer that program, but also to be able to recruit and train paraprofessionals, professionals, as well as fellows. And so those are programs like our addiction medicine fellowship program, our behavioral health workforce education and training program, our opioid impacted family support program as well as, you know, some apprenticeship opportunities. So, we have noticed that incorporating apprenticeship opportunities within many of our peer support or our pair professional programs have helped with job placement and so over. Of course, you know, many of you may be familiar with the apprenticeship model which is our own while you learn model. We notice that it's helping to retain individuals during the training period, because many of the programs prior to incorporate in that model did not offer a financial incentive to these individuals who were probably already in the workforce, but were taking time away from their jobs away from their families to go through training to become recovery coaches, certified addiction, counselors behavioral health aids, peer support specialists, community health workers, you name it. And there were no, or there were limited financial and sense of maybe tuition, reimbursement, but there was no actual tangible financial incentive to help defray the cost of living. And so, we've incorporated a put an apprenticeship model that actually HRSA then gives a portion of funding towards that apprentice salary, and which they would have while they're placed in apprenticeship model, we call it a stipend. We don't call the portion that we contribute as a as a salary.

But also, faculty development. That's one of the resources that we're able to provide so often times if there are new training opportunities, they are developed to address emerging needs, the students are having access to resources and training that many of their clinical preceptors in the community may not have had during their training. And so, we offer and encourage our award recipients not only to develop faculty train faculty level training, but to also make sure that their partners within the community has access to this training and that they're able to go through these courses and have workshops, grown bags, learn and collaboratives, and engage in many of the technical assistance and training opportunity that we provide here at HRSA

And then technical assistance in general, learning collaboratives. We offer learning collaborators for our HRSA funded health centers. We have over 1,400 health centers who are providing primary care, but also integrating behavior health into those primary care settings. So, working with them to address poly substance, use issues to address maternal mental health issues, to address, to address pediatric behavior, health issues and things of that nature. So many of the more seasoned health centers are able to provide mentorship to the newer health centers as well as just developing relevant webinar series. to make sure that if you meet needs come up. Then these health centers are able to have access to those resources and have those one-on-one sessions, and then also teleconsultation. Our pediatric mental health care, access program actually provides telecommunication for pediatric primary care doctors to provide to address behavior, health issues of youth. Oftentimes there are long wait periods for individuals to access a child psychiatrist because of shortage issues, or because, you know, of course, the primary care doctor is going to be primarily the first responder to address a child issue, and so we have teleconsultation in a teller training, entire consultation and different resources available to assist with domestic evaluations, treatment, as well as connecting and making

those linkages and those referrals to providers who are able to really address the needs of those individuals.

And then I know the slides are a little bit ahead of where I'm speaking, but also support in the workforce. We talked about burnout is one of the major challenges that are plaguing the behavioral health workforce as well as various other systems within the in the health workforce, and many of the frontline workers have been reporting burnout.

We saw increase in numbers of individuals committed suicide results into substances. and so HRSA did invest 103 million dollars from the American Rescue Plan funding to really promote mental health and wellness for providers who are in the field, whether they are public service officers, or like a firefighters or police officers, or if they are Chinese, or if they're existing providers or actual healthcare organizations during organization readiness assessments, seeing where there's opportunities to train to change some of the nuances within the clinic sites and make it for a more wellness, well environment, so to speak.

And then we have a technical assistance provider who actually provide tools resources and one-on-one assistance to these particular grantees who are funded. But there is a public facing site, right, so much of the information that I'm. referencing is for individuals who actually received an award through HRSA And so, but there is a public face insight of the technical assistance center that actually would be able to provide tools, and that is able to be rapidly deployed to individuals who are accessing them who… they may not have received funding from HRSA but is interested in implementing many of those strategies within that over organization to make sure that they are promoting wellness. They're encouraging individuals to take the time they need to address any behavior health issues that may come up, and that there are some self-paced resources for, you know, to assist with screening and just different challenges that may arise.

And then lastly, just wanted to reference how we continue to not only support the workforce and address burnout challenges, but also things that we have done in order to strengthen the workforce. And so, of course, we want to maintain the existing workforce, but also there's a great need to expand the workforce. And that would be on the next slide, please.

And so, this slide is really a depiction. of some of the funding that went to strengthen in the workforce in fiscal year 2021. And so, we've invested a 106.7 million dollars in our national Health Service Core Program, and that was specifically looking at the investment that we have made as a release to behavior health providers. And so, results: So far there are over 9,300 behavior health providers in the field, and we're continue to look at opportunities to provide funding to these individuals through loan up repayment opportunities as well as scholarships. And then also, I did mention earlier about how the American Rescue Plan funds were able to support the behavioral health education training program for professionals increase in that total investment from 66 million to 106 to from… I'm sorry increasing it's a 66 million for a total of 168 organizations.

And so, I just want to mention that program is one of our historical programs that I mentioned receive annual appropriation. And so, since academic year 2014 to 2020, that program actually has supported the clinical training of over 20,000 graduate-level, social workers, psychologists, school and clinical counselors, psychiatric nurse, practitioners, marriage, and family therapists as well as behavior, health care, professionals, including community health workers, substance, use, addiction, counselors, and so forth. And so, this is one of hers's flagship programs that is projected to eliminate about 40% of the projected short form of behavioral health providers. And then I'll go right down into the 24.3-million-dollar awards, which is specifically for the pair professionals, and of the number for academic year 2014 to 2026, 1,787 of those were new paraprofessionals, having begun work as community health workers and other behavioral health peer support specialists. and for our pediatric mental healthcare access. I mentioned that's an opportunity to provide telecommunication to pediatric primary care doctors that are in need of assistance with really addressing behavioral health needs. And so, in FY21, the total investment was 90.5 million, with 10.7 million being from the American Rescue Plan.

And lastly, I want to talk about our investment for our bright futures program, which was launched in 1990 to address a need for unified guidance on how to design the most modern Internet comprehensive pediatric checkup, and so that investment was for 1 million dollars to the American Academy of Pediatrics. And they really are trying to assist I find in making sure that all children have access to the same types of screenings, and that providers who are really working with children, they have a guide to really understand when they should be doing certain behavioral health screenings and making sure that those training resources are updated in those guides and resources are available to all, whether they receive funding from HRSA grants.

And so, I know that was a lot of information, but just wanted to make clear that you know HRSA really has taken strides to really address many of the challenges that actually influence the great resignation like the like burnout like limited supply, diversity, and so many other challenges.

Chyenne Mallinson

Thank you, Patsy for that federal perspective.

Vattana, as a CBO directly affected by this labor shortage, what's your organization done to address staffing issues and well-being?

Vattana Peong

Thank you. I would like to first provide you all with a little contact of our organization in 2015 out. But did this about $300,000 with 3 staff members, and before the pandemic we had an annual budget of about 1 million dollars and approximately 15 staff. And currently, we have an annual budget of about 2 million dollars with 25 staff.

So, with this limited growth because of the COVID-19 related funding coming to our CBO to expand our program and services, we have faced a lot of challenges. In terms of staffing issue with this kind of significant growth, and also, it's all way at the back of my mind that's the smaller CBO and trying to grow our program. And now to system that is that when all this COVID-19-related funding is gone, what's going to be happening with our CBO is right now.

So that is a big question, mark that we've been talking, we've been discussing here in Orange County. And we hope we find some things that we can share with the with the other proof, as well, about that and also you know we have license.

We have based a lot of challenges in terms of staffing issue reached in retention, especially for hiring or partially and linguistically competent staff particularly. We have 2 staffs like in which one is the community health workers on our term we call Community Health Ambassador. And second thing is the clinicians who are bilingual by culture, right like. If that earlier organization was so crucial to see $1,000 to initiate our process of becoming a Medicare available service. So, we need a licensed clinical social worker, or a license vamp, merry and family topic, who speak Cambodian and believe it or not, we posted a job announcement for over 6 months we had 0 application in from that commute, and I was like, Wow! In my community. That is a very significant sort. Teach of the bilingual bi-cultural Cambodian-speaking mental health professionals of database. And I said, 'Is it because of the rate?' So, we talked about funding like can we increase the pay rate from $45 to $60, and said, 'Yes, do it,' and we change the pay rate to $60, and we had 0 application. So now I'm grabbing my head around what I need to do our community nit clinical services, and they are very grateful that we have been able to partner with fairly qualified health center to borrow the clinician to supervise our non-licensed, Cambodia, speaking a mental Ms. W. a person. right?

So those are the model that we've been using right now to just feel in the gap. And it's not really practical, because we have a non-Cambodian-speaking mental therapist. And also, we have a Cambodian speaking client. And so, most of the time we have our community homeworker sit in the session and provide transportation. When the client cry, the commute community! Help! work for our staff! Cry together when they left the left together, and our staff going through a lot of emotional, and we like not ready for that, like what I was signing up for right now. But we have a 110% increase of community, but seeking for clinical services, and we are the only one serving this community in this county, and we have to respond to that meet.

But we are really lucky that we've been able to get something from our partner, federally qualify how center a 1,000 integrated services and Korean community services they able to provide us with a licensed mental therapist to supervise us there, and that is something that we just have to do right now, and I'm grabbing my head. This is a root cause of the shortage of the workforce pipeline from high school to college to professional school, right? How do we build this carriage and send you within this minority community the most underserved, underserved community?

And for me for the community health workers, especially our staff. What we have been doing is one is that we have to revisit our salaries and add a form of compensation. This is the most important concern that my staff, especially community help workers have expressed to their supervisor. We all know that nonprofit staff are underpaid. However, they are our community first responders, and there are services are crucial to our community build. It is not during this COVID-19 even demonstrate the needs of community health work that the first frontline worker like nurses, community members call us right for call them for different services and believe and not in our community. They're not calling from mental health services they're calling for medical for food stamps, for our housing for different things. But through that channel we've able to do you need any other thing they start to be close about the mental needs.

So, believe it. So, this community, however, could, are very important, and especially those in the immigrant and refugee community. And You know I have several discussions with my board directors that we have to do something. Our staff are leaving left and right organization. So, I'm so proud to share that for the new physical year budget. My board director of proof of staff compensation rate increases by 10 to 15%. So that is the big thing that organization has committed to supporting our community health worker.

And second thing is that what we have done to really retain and motivate our staff during this COVID-19 pandemic we can view to implement a hybrid working schedule and service delivery for community members. Our employee could need to appreciate that, especially the hybrid working schedule, and also the ability to provide hybrid service delivery model for our community.

The third thing is that we continue to build and improve a culture of intentional connection through check-ins without staff, our supervisor continues to make their time more available to check in with our team member that includes some intentional question we got we go. That will be John. Oh, how are you right but it's like, what is your workload? How can we best support, you know? Is there anything that we can do like very intentional, very intentional question that go beyond? How are you doing good that's it right it's not like that right?

And then also we increase some question around workload about staff health and well-being, and how we could support them. For example, our supervisors dedicate that Fridays to be the day that they need to check in with the employee. So, believe it or not, we all very busy. You have to get something on your calendar that every 5 day I make time from 9 to 12 to check in my employee. And how can I best, provide support, and also to increase communication that are briefly and timely with all changes. The gotten a policy and practices within our organization things that we this is the something that I have done, and we do an organization.

So, I just want to share… I'm not sure It works in other community that a nonprofit is hosting more community, a more engagement events where our boards staff and their family member are able to get to know each other better connect personally and build trust for our nonprofit.

We are the front line with her as well. We serve our community; we need to take time to pass and reflect and connect with our staff and our board of directors. For example, what we do is that we host our annual board staff in appreciation. We hosted some of barbecue where we go to the park and get all the stuff in the family member, and we host up a new staff, a trade department to treat and birthday celebration right? We know that I usually have a reminder that to my email, that today is birthday up this year, and we start celebration, and some stuff might take them out for a lunch using their own money, too. You know that is something that we try to embrace within our organization.

And another thing that we have done is the employee wellness fund, where we allocate Some of the funding for each department that they can use might be that they can one family. They have 3 major department how the mental health justice and civic engagement internship, where we allow the department had to use that, for example, to include stackutation, give part and free massage during break right and the massage it doesn't cost our money. what we do we If you are in your region. You have a massive school. call them those staff, those Intern, or whatever they love to practice the hours, and we just schedule and work with them. And that is one of the best ways to not like spend a lot of money, but also get the things to our community, and I'll make a community here with them. A staff member, and also just keep remind them about taking breaks in between, as well. You know, we also buy label law we have. We have to make sure the tape rates as well. Right with that, but we also need to remind it.

And also, another thing is the workload of the week that we implement I'm not sure what would you with organization and work? So, every Monday or their first working day, we ask our employee to email the supervisor, what is the workload of the week? right? And the workload is going to list differently that they want to accomplish during the week. So, they feel proud, accomplished by Friday, and then the supervisor must take time to read through it and feel Wow! They have 12 items on this thing. It's impossible they might be burned out of my over. So, the supervisor sits down, hey? I think this can wait for next week. This can be done this way. Is there a support so we call workload of the week, so that is sent every Monday, or at the first working day of the week to the Supervisor review it, sit down with them, and try to delegate to add the as well.

And last but not least is, you know, this pandemic has cost a lot of changes, and they have to modify our policy in practice. For example, we have to modify our maximum carry over vacation hour. Right? This is something that we think about the needy gravity or bed like you say you set a maximum. Carry over your vacation to the next year, and we were able to live that right. So, we want to make sure that continue to really, really like in the application hour, and also make sure they able to retain those vacation hours without having to not using it and losing it.

So that is, those are some of the strategies that we have employed with our organization, and we will, and I am so happy to share with you all, and I hope you've able to pick something that you can implement and he also to share with adding, and my contact of information that you can always reach out to get some idea as well. Thank you.

Chyenne Mallinson

Thank you, Vattana. and thank you to all our panelists for providing these strategies and resources. We'll be getting to some of the questions that are being asked in the Q&A shortly, and we'll follow up on additional questions in the chat after the webinar and a follow-up email. So, before we move to the Q&A lightning round question, I'd like to ask Alina from our team to share a couple of NNED resources.

Alina Taniuchi

Thanks, Chyenne, and thank you, everyone, for being so active in the chat and to our panelists for sharing all of their great insights.

I do encourage everyone to join the NNED. It will keep you up to date on new happenings that we have in the coming years including virtual roundtables like this one.

I also encourage you to join, because that'll give you access to Partner Central. I think so many folks have voiced their appreciation for hearing from Vattana about how they…how is a community-based organization is doing, what their strategies are. And Partner Central is a really great opportunity for you to connect with additional community-based organizations that are maybe working in your area or working within similar population groups, or on or focusing on particular topics. So, we encourage you to join that. It has over 1,300 folks already. And we would encourage you to add your organization to the list as well if you're doing great work.

We also have funding up for opportunities listed on the NNED's website. These come from other sources, but they're related to behavioral health. So, we've seen a few folks in the chat asking about what opportunities are out there. So, we really do try to compile these for folks to find it all in one place.

And then I'll also encourage you to check out NNED share. It's a great resource repository with all of the past Virtual Roundtables, as well as innovative interventions and other resources that you can find to support your work.

And finally, I'll encourage you as Well, to sign up for the NNED Speakers Bureau. This is a new effort that we have to bring more speakers to the front through the NNED and support their work as well through honoraria. So, we encourage you to sign up for the Speakers Bureau or share with anyone that you have seen who is a great speaker in behavioral health. We're trying to build that out so that SAMHSA and our partners can bring new voices the table to share their perspectives, and what they are doing in their communities.

So, with that I'll add a lot of links to the chat, and I will pass it over to my colleague Angel to do some Q&A with the panelists that we have here.

Angel Villalobos

Thanks, Alina. and just a quick note that I did see someone ask about membership costs, and it is free to join. So just wanted to make that no quick response to the question on the chat, and again to echo what Chyenne mentioned earlier.

I just want to say thank you to the panelists you'll have been providing incredible, incredible knowledge. and examples, and I think an important point to make is that we recognize that we're not going to be able to get to every question in the hour and a half that we have for today. So, we…our team has been making notes, and we will download the chat to make sure that any specific questions or any that fall outside of our time today get looked at by you all by the panelists and our team, and then get addressed in a follow-up email, as we recognize how important they are.

So one of the…at the beginning Patsy, this question will be to you…people had a lot of interest in the in the technical assistance for grant writing, and I just wanted to see if you had any quick links or quick information or if it's something you'd like to follow up in a greater detail about how folks can access some of these resources that are related to grant writing.

Patsy Cunningham

Sure, so I was able to drop some links in response to many of those questions, but they are additional resources that I'll be able to follow up with. I was able to connect with the Interagency Government Affairs, and so many of the regions actually do schedule set schedule separate one right in 101 TA session. So, I can follow up with additional information on any that may be coming up. But I did have it an opportunity to drop some links in the chat.

Angel Villalobos

Thanks, Patsy. And we'll be sure to include those links as well in the email and the resource page at the end of the webinar.

Lucas, this next question was geared towards you, and I think this is something that with my own experience of working in the community-based organization in the past, can be seen really daunting or just unclear… in how you approach either MCOs or insurance companies to propose the topics that you mentioned like how to collaborate, how to partner, how to receive funding from them. Do you have any tips or ideas on how to make that first step or that initial check in with these organizations?

Lucas Peterson

Yeah, so a lot of times MCOs will have sort of a community engagement team, and then they also have like a behavioral health team. And it's becoming more and more common for manage care organizations to have a community engagement team within their behavioral health team.

That is identifying opportunities in community for partners. And so, I think the big thing is really being active in different community organization roundtables, different events. It's really kind of a networking thing. There is always more of the formal RFPs that manage care plans will put out and some of them are going to be national, some of them are going to be more local. But if you have contacts within different managed care organizations, especially again within that behavioral health team within racial health equity, a lot of managed care plans are really building up racial health equity teams. That really can be a great pathway in to identifying these opportunities. It also can be by looking at sort of some statements that they're making in the community around emphasis. You know, community health worker was a big one that Blue Cross Blue Shield did in Minnesota, and so there was a lot of money put in that space. There was a lot of money put into BIPOC workforce as well. And then it really kind of became this opportunity of different organizations bringing in and submitting kind of proposals. And then different organization or sub teams had the opportunity to kind of select which ones they would. But a lot of it's just networking and then constantly looking at like their LinkedIn or Facebook Page.

Angel Villalobos

Thanks Lucas and just a quick note for someone on the chat, they just asked about saving the chat. We will be saving that on our end. We you know that sometimes with webinars it's harder. It doesn't allow you to see the chat, so we will definitely include that in the follow up email.

The next question. I think it's not even…it's not one question I think, there was a variety of questions that were revolving around the theme of clinical versus nonclinical funding and folks' ability to access or just be able to see like where they would fit in especially the smaller grassroots organizations. that are doing a lot of the on the groundwork for individuals who are so deeply impacted that even thinking about going to therapy, you're going to get clinical services not anywhere top of mind. And so, this question is really open to anyone, any of you who might have a response to this. But what are some resources, or what are some strategies that smaller grassroots organizations can take on to really understand what funding there's available for smaller organizations like theirs?

Vattana Peong

Hello! And so, I can start from a CBO perspective. I think there's lots. And so, I said that right Now we've been inflated with a lot of COVID-19 related funding, including the American Rescue Plan funding they're really grateful for that. We also have received HRSA funding as a subcontractor from a nonprofit too.

So, what we have approach here personally for me I have to one, do a funding landscape analysis within the county that I'm in to see who we are, and where the fundings with before the mental health capacity meeting is. And then by doing that is partnership with other

nonprofit to see what funding the ability to share. I'm very fortunate that I'm in Orange County we have completed the Orange County Asian, Pacific Islander Task Force, which was created in June 2020 right during the pandemic to address the unmet needs of the AAPI community in Orange County, because we are the second largest County, that AAPI community in California, and the sixth most populist county, that AAPI in the United States as well. So, we have that. So, we have about 9 Asian Pacific Islander serving organization coming together. We'll be able to kind of understand the funding landscape analysis. And kind of we'll be so grateful to have a capital leading this collaborative where Okabica has the best infrastructure in terms of the funding to support CBOs, and also in terms of the reporting capacity. Because you know that some of the funding that they have received are reimbursement grant, which is a county or state contracting, meaning that the reinvestment won't take place a month or a month and a half later, after you submit the invoice. So, for you, as a small nonprofit, you cannot survive right because you need money in the bank to pay your staff to pay all the payroll, but we're grateful with this bigger nonprofit organization coming to a stepping up to support us by some time supporting us with advanced payment and things like that to help save us on that.

So one is that funding landscape analysis in your county, and so who are the play here? Especially for me, I would focus more on the foundation funding which usually they give you the funding, first without doing the reimbursement grant, which is the invoices right? And looking at the capacity building because right now, health equity is the big topic in our county as well, and a lot of funders have shifted their focus from program and service based to more general operating grant. To make sure that in order to be sustainable, to be more livable for this organization, the need more kind of capacity-building grant. And those are the foundation fund that you want to approach right? Look at it. Look at the website. Approach them that you see a program opposite that you can reach out and never ask them for the first funding like. Can we get 5 50,000? We just want to say we want to see what your organization, foundational, foundation interest in supporting and how best we fit together. And sometimes, you know, I said that over time and your work doesn't fit in what we're looking for? And then I said, 'What can I, what kind of what you're looking for?' Right? And then step take a step back and refocus on that, right?

And the second thing is that, because as a nonprofit, you are so limited by the capacity around grand writing, me as executive director, I've been doing grant writing since 2,015, when I became executive director, right? We spent multiple hours. We don't have a dedicated funding to hire grand writer right consultant to help with that. But with the partnership that we have with the AAPI Asian Pacific Islander task force, be able to have this larger organization that have the capacity in ground writing write for us, and then we are subcontracted. One is very beneficial, because you're able to learn all of this process. Second, you able to be, for example, if that larger nonprofit applies for county funding, you're going to learn about reporting, financial reporting, what need to have done because a lot of us need to have an audit. Also, if you spend $750,000 a dollar, you need a single audit. Those are the things that we do not expect. But those are the thing we can learn from a large nonprofit. by being part of the partnership. So, we're grateful to be in partnership with them.

And a third thing that what I would do is that also license could need to be relationship with the foundation funder. We have very big on the foundation funders, and we're also looking at the diversifying our funding sources. Right now, we have the same county and state funding and federal funding. We also receive the foundation funding. But one of the things that I've explored is the fee for services, right? Which is the medical reimbursable billing that we want to do it. But in order to achieve that we know that the reinvestment rate is very low from Medicaid, and we cannot not even use that funding to really support our even licensed mental therapist. But we able to really see how can we bring this support to the next level? So, looking at Federally Qualified Health Center, which they have a very better every investment rate, right? So how do we partner with those Federally Qualified Health Centers?

And at the same time, we talk to the foundation, 'hey, the first 3 years, we know that we're going to be losing a lot of funding and money in terms of getting us to be where we're at in terms of becoming medica available services can you provide us with the possibility funding?' And they said 'hey, $50,000 for you to hire a medical billet to train and just stab and everything like that.'

So that's how we approach it's like diversify funding sources. Do not rely on one. And have to do that is landscape analysis, connection, and talk to other nonprofits. I'm so grateful in this nonprofit world that I'm able to work with other people, and they share the funders, right? It's a very sensitive topic, because before, some kinds of nonprofit do not want to share but believe it or not, to achieve health equity, we all have to step in, we have to share resources. we all have to support one another. Thank you.

Angel Villalobos

Thank you so much for Vattana.

So, with that, we are out of time for today. For any additional questions and we'll actually be doing I see a lot of questions that have still come through in the Q&A that are really specific. So, thank you again to our panelists we'll be reaching out to you to see if you have any thoughts or additional comments to respond with.

Chy – or Chyenne – would you like to or say how would you like to do our closing?

Chyenne Mallinson

Absolutely. Thank you, Angel.

And, like Angel mentioned, we will be addressing remaining questions in a follow up email and on behalf of the SAMHSA Office of Behavioral Health Equity and the National Facilitation Center, we want to acknowledge and thank the panelists for their participation on today's Virtual Roundtable. You can find the resources related to this webinar and the recording at net

share at the link in the chat. And as a reminder, we invite you to join the NNED for future learning, opportunities and events.

We also like you to provide your input on this event and help us plan for future net offerings by filling out the feedback survey. The link was dropped in the chat by Alina, thank you. And it will be sent in the follow-up email as well.

We want to thank you, the participants, for contributing so actively to the conversation through your questions and the chat activity, and we hope you're able to take away some useful strategies to bring back to your own communities.

Thank you to all the participants, speakers, NNED members, and community members for joining us today. Have a great rest of your day.