ANNIE:
Thank you for joining us today for this virtual round table, hosted by the National Facilitation center in the SAMHSA, Office of Behavioral Health Equity, in partnership with MHTTC Network, Coordinating Office, we are starting to let everyone into the

Zoom Room and will begin shortly. So, while we are waiting, please share with us what organization you are with your location and what brought you to the webinar today, or what you're hoping to get out of the discussion.

So, feel free to put that into the chat. Okay, I think we can go ahead and get started.

We'll move us to the disclaimer. We would like to begin with this disclaimer: 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.

So welcome to the National Network to Eliminate Disparities and Behavioral Health or the NNED Virtual Roundtable. This roundtable is the second of a three-part series titled community-based organizations, build pathways to behavioral health equity for communities of color. So today we will be discussing how community-based organizations have been partnering to strengthen the behavioral health infrastructure and capacity and communities of color.

My name is Annie VanDan and I'm the virtual round table coordinator for the NNED's National Facilitation Center. I am joined by our team, we can just do a quick wave, Dr. Rachele Espiritu, Alice Choi, Chyenne Mallinson, and Alina Taniuchi who will be supporting today's Roundtable. The NNED is a network of diverse racially ethnic, cultural gender and sexual minority community organizations that strive for behavioral health equity for all individuals, families, and communities.

We currently have nearly 5000 members, which includes over 1200 partner organizations or community-based organizations across the US territories and sovereign tribal nations within this geographic area. And welcome you all to join. We will talk more about how you can do that.

The NNED highlights and shares new programs or in interventions to build the capacity of its members and participants. One way we do this is through virtual round tables like the one today.

So, before we start our discussion, let me highlight a few logistics. Please note that all participants lines are on mute. but we encourage you to share your perspectives on comments through the chat box and again, specifically for questions please use the Q&A function. This may include tech issues or questions for the panelists, questions may get lost in the chat space

because I know we can have some conversation and dialogue there as well. So, again, putting questions into the Q&A function.

Closed captioning is available throughout today's discussion at the bottom of your screen you will see an icon that says live transcript, the virtual round table is being recorded and shared via Facebook Live on the net Facebook page.

The recording slides and related resources including those mentioned on today's webinar will also be available for viewing information on how to access the recording and these resources will be sent to all registrants within a few days.

If there are any breaches to the security of the event we will immediately in this session.

So next, our agenda for today. We will begin with a welcome from Dr. Mary worry, director of the Substance Abuse and Mental Health Services Administration, Office of Behavioral Health Equity. We will then invite our co-facilitators, Dr. Rachele Espiritu and Lucas Pearson. To begin our discussion. They will welcome our panelists, from all across the nation to engage in an interactive dialogue, we will share how to find additional resources, via NNEDshare. And if time allows, we will have, we will post some of the questions from the Q&A to ask our panelists.

Today's virtual round table will provide the opportunity to understand how both funders and CBOs are responding to disparities and funding and behavioral health services. And then within the current context of COVID-19, and also the racial context that we are in. We will also learn about unique funding partnerships between government agencies and foundations, with CBOs, serving diverse racial ethnic communities and underserved populations. And lastly, we will identify fiscal challenges and solutions related to behavioral health services faced by CBOs, including billing and reimbursement.

So now I'd like to welcome Dr. Mary Roary, director of SAMHSA Office of Behavioral Health Equity to give us some opening remarks.

DR. ROARY:
Thank you, Annie and I'm so excited to be here.

Today, we celebrate the un-ending work of community-based organizations who are dressing prevention, treatment, recovery. And yes, relapse, and communities who are hardest hit, we also celebrate Asian American, Native Hawaiian, Pacific Islander Heritage Month, we also celebrate Mental Health Month. SAMHSA is very excited to have partnerships collaborations and intimate dialogue efforts and programs to highlight all of your efforts.

We must get the country back on course from the exposure of COVID-19, and the civil unrest. Today, we kick off this exciting virtual round table with a 30-second pause for equity. So I invite you all now to just pause, but 30 seconds for worldwide, peace, harmony, balance, and equity.

Thank you.

Let this guide you in all your future endeavors. Think about it. Let this be your story, because your stories are our stories, and together we can get there together. Thank you so much.

ANNIE:
Thank you, Dr. Roary, I'd like to now pass things over to our co-facilitators. Dr. Rachele Espiritu and Lucas Peterson.

RACHELE:
Thank you, Annie and thank you Dr Roary. I'm Rachele Espiritu, project director for the National Facilitation Center. Today I will be co-facilitating with Lucas Peterson.

So, Lucas will begin our discussion by setting the stage and national context. Lucas is a Medicaid community liaison for Blue Cross Blue Shield of Minnesota, and a member of the Cultural and Ethnic Communities Leadership Council, which advises the Commissioner of the Minnesota Department of Human Services on how to reduce disparities and make their services more racially equitable so Lucas, I'll pass it to you.

LUCAS:
Good afternoon everyone and thank you for participating in today's webinar, really appreciate the attendance, on this really important topic.

And so, I'd like to start by setting out some framework and painting a picture for the current climate of behavioral health and community-based organizations or CBOs, serving communities of color, how they've been impacted by coded, and how they've been impacted by racial disparities and financial instructional disparities as well.

So, as we all know, our country has faced many racial disparities over the course of its beginnings to turn now. And we have this even impacts behavioral health, in regard to how individuals access behavioral health.

The types of behavioral health interventions that individuals can access, and also the workforce. Some examples are those interventions that may be culturally responsive in nature but may not have a current way of being reimbursed reimburse people are sustainable.

It also has to do with a certain type of provider, cultural liaisons or coaches, shaman, other types of individuals that may not again be recognized. And so, they're not able to be then provided to our communities in a culturally responsive way.

Excuse me.

And this also includes evidence-based practices in many respects evidence-based practices can be really great for certain communities and populations, but often those evidence-based

practices are not normed for certain communities especially some of the underserved ethnic communities that we're working with and that we are in. And so it's really important that we understand when policy changes happen how these evidence based practices are promoted and how it impacts the disparities for our community, in regard to accessing behavioral health services.

So one other piece that kind of really hits many of our community-based organizations, is that they're often kind of smaller in nature, and due to their size they often lack the appropriate resourcing from an administration standpoint and staffing standpoint, to then have maybe a grant manager on staff to then provide and respond to grants, because many organizations community-based organizations start off with grant-based programs, and then work towards other funding streams that may be more sustainable such as reimbursement through health insurance companies, or other community organizations. And so it's really important that these smaller organizations have a fair and equitable opportunity to then participate and getting resources to then best serve their community in an appropriate way.

And so, one other part that's highlighted by this is the national need and local need for mental health professionals. We all know that there's definitely a shortage out there. And that, this is especially true for those that are representing and come from our racially underserved communities in need that culturally responsive individual working with them on their behavioral health needs.

And this has only been exacerbated over the COVID-19 pandemic as individuals have had to maybe not see their therapists, or receive services in person, and have had to go and start receiving services are accessing programs in a remote fashion, and many of our individuals in our communities don't have the resources they need to do telemedicine. And so how do we then provide access to those services. And so that's definitely an item that's come up that we need to address, and then definitely.

Another impact that we've experienced as a community and as a nation, over the last year and a half plus has been the civil and social unrest in our country that's really identified the institutional and structural racism that exists within our society, and also within kind of how healthcare works and how human and social services work as well.

And so, this really creates an opportunity right now for us to acknowledge the past and acknowledge the disparities that do and have existed within our communities, but it also has given a spotlight and has allowed other stakeholders that may be traditionally have not been in this space to be aware of these needs, and resources to support the work moving forward.

And so, one example though of the kind of how community organizations haven't always been funded, or access resources and an equitable way in Minnesota. We originally had with our some of our refugee communities, our Somali community. When they first came here, there wasn't many resources not available to them, but over time they understood they learned how to access resources navigate the system, creating their own community organizations. And then

when our next refugee communities such as the mom and the Korean communities came and they were able to utilize their knowledge or knowledge and share it with these new refugee communities that are coming in to Minnesota to then support each other, knowing that it's going to take a grassroots effort to get to where we need to be in building collaborative Coalition's across our communities, to increase equitable and fair access to resources and services for our communities of color.

So that's just one example that we've experienced here in Minnesota.

And then kind of, excuse me.

On one thing, getting back to kind of opportunities that I'd like to highlight is that many organizations across the United States and locally in your communities have been again identifying the need for attention identifying racial equity within their organization and how that relates to their community and their customers or consumers, along with their internal staff. And this includes such as Blue Cross Blue Shield of Minnesota, hiring a chief of equity and diversity inclusion within our organization.

And through that we're able to create initiatives both internally and externally support our community with ways in which we can make services more equitable and create and support community organizations to start with some innovation grants, working towards sustainability.

And so, as you go forward through this presentation I think part of it's really important that we understand, and hopefully take away that there's this amazing opportunity that we have where we may be invited to tables that we haven't historically had, and we want to look at how we can make different sorts of relationships, and really expand our networks, because as we expand our networks and build our relationships, it's going to create opportunities for us to not only our organization but perhaps other organizations within our community, to really elevate and make services more equitable for our communities. And so I think there's always that saying have, you know, it's better to be Have a seat at the table.

The not at the table and so I really want to welcome and hope that those of you that do as we move forward, have an opportunity to have a seat at some of these new tables or existing tables to really take advantage of that opportunity to cultivate those relationships as new opportunities come forward and we work towards creating opportunities of creating new, and reaffirming existing relationships as we work to support our communities in the needs that they have, including social drivers of health.

So that's kind of just how I wanted to open it up for context for our roundtable today and we'll go through some examples of how certain panelists have gone ahead and forge some of these partnerships and relationships, along with our and other agenda items so.

RACHELE:

Great, thank you so much, Lucas, we're already getting great questions in the Q&A so I encourage our participants to share your questions through there and we will do our best to pass this along to the panelists and to Lucas, as we go along.

So, we are pleased to bring together a great group of panelists for today's virtual round table.

First we have Coretha Claiborn, who is the executive director of the ALAMO Addiction Recovery Center in Petersburg, Virginia.

Jennifer Numkena Downs is the Indian Health Service, Nashville area behavioral health consultant and urban coordinator.

Valerie Liggins is a program officer with The Cameron Foundation, also located in Petersburg, Virginia.

And Victor Loo is the executive director of the Seattle Counselling Service, the oldest behavioral health agency in the country to serve lesbian, gay, bisexual, transgender, and queer individuals.

Welcome all and thank you for lending your voices and perspectives today for this important conversation. And with that, I'd like to invite each panelist to share some background about the work that they do and the communities that they serve.

So let's start off first with Coretha Claiborn with Alamo Addiction Recovery Center.

CORETHA:
Good afternoon.

First of all, I would like to thank SAMHSA, NNED, MHTTC, our partnership with The Cameron Foundation, who invited us to be a part of this program, in addition to the opportunities to meet all the other nonprofits across the nation.

On behalf of the Board of Directors for the ALAMO, it is both an honor and a privilege to be a part of this panel. The ALAMO was a small organization in the historical area of Petersburg Virginia, with a big focus on providing hope healing and support for adults who are struggling with the disease of addiction. The ALAMO offers residential services for up to 10 males predominantly African American males.

Admission involves a screening process to assess the individual-level of motivation, commitment and readiness for change. revenues are required to obtain employment, pay a modest rent and receive wraparound services such as daily peer support therapeutic groups and random your indirect screen testing the minimum expected length of stay for this transitional housing is three to nine months with the extension granted on an individual basis.

The ALAMO also offers non-residential services to the wider community of individuals to include male and female predominantly African American who are battling the disease of addiction, both men and women are welcome to attend regular peer support groups.

Anger Management counseling and referrals to other community resources in the community, to prevent relapse and continued use of all kinds. It has been a refuge and a guiding star in a community played with the disease of addiction.

Thank you.

RACHELE:
Thank you, Coretha.

And next we have Valerie Liggins with The Cameron Foundation she and Coretha have worked together in partnership to better serve Petersburg, Virginia.

VALERIE:
Good afternoon. I'm on behalf of our board of directors and our president J. Todd Graham, thank you for inviting us here. We are a place-based health legacy foundation.

We serve the cities of Petersburg, Colonial Heights, Hopewell, Dinwiddie, Prince George's Sussex, and a portion of Chesterfield County and the communities that we serve. They are very different. We have urban, suburban and rural communities, to have three of our localities unfortunately fall in the bottom of the health rankings. Two of those communities are urban communities, one is a rural community to upper dominant, the African American. We also have a military base within our community, and most of those retired military members actually move to more of our urban communities.

We are, we actually provide grants and six program areas with health and human services being two of those program areas that I take responsibility for. In addition, we also provide grants and education. Business and Economic Development health conservation and preservation and arts and culture.

So thank you for having us here.

RACHELE:
Thank you, Valerie. And so next we have Jennifer Downs with Indian Health Service.

JENNIFER:
Afternoon everyone. It's a pleasure to be here and honor to be here. So thank you for that.

I am a member of the Washoe tribe of Nevada and California, but I live in Missouri and I provide direct care to some of our population, and then I mostly do administrative work as behavioral health consultant, and then also the area, urban coordinator for the IHS national area so I'll tell

you a little bit about IHS just for those of you that don't know, I always kind of start out by letting people know when it comes to health for American Indians Alaska Native people they're essentially three arms and which those services are provided and we are the federal arm of that piece.

There's also the tribal arm or tracks are providing their own services to their own people and then there's an urban arm where we contract, as a federal agency with mostly 501c3 to provide services in urban areas to American Indians and Alaska Natives.

So, just going off the slide we provide service to approximately 2.2 million people, there's 567 federally recognized tribes right now in 35 states so we're spread out we have hospitals and clinics nationwide. 26 hospitals, 59 health centers, 32 health stations. And in those. We have approximately 40 mental health programs, and those are just the federal arm piece that I'm talking about so like I said tribes and urban and maybe providing mental health services as well but for the federal piece we have the approximately 14 federal programs with about 500 providers.

Our mission is to raise the physical, mental, my mind's going to go blank because that's why it's not going to be no but it's to raise the physical, mental, spiritual status of American Indian Alaska Native people to the highest level possible. So, for just Nashville area, there's 12 areas nationwide. And we are the largest land base because we cover so many states.

There are 36 tribes in this area. And we have tribes in 14 of those states but we respond to any state if anybody has any inquiry or anybody lives in those areas in our area we have five federal service unit so again that federal arm piece where we're providing direct service and then there are three urban sites in the area. One in Boston one in Baltimore and one in New York.

So, of course culturally appropriate services. Our primary focus for us and the reason that we exist. And then in that in this slide I just kind of wanted to provide an overview, I am newer to this role I was in a different role before for IHS so.

More recently came over to Nashville area so I took some time to try just try to get to know the behavioral health programs in our area. And so, I sat with them and ask them about what the behavioral health providers were facing and challenges, and what they were seeing in their communities as far as mental health challenges went and so I kind of put that on the side for you all. And the themes that were the overarching pieces are provider isolation, you know, and of course that's heightened with COVID, lack of integration into primary care.

Lack of staff or funding, Lack of policies and procedures and difficulty transitioning to tell a health in the midst of code. And then overarching themes for what's going on in the community.

The main theme is often substance use treatment stigma follows that patients are also feeling isolation and then in the light of COVID, the grief that we have and specific, specifically in

Native communities, the way that we would each other circumstances come together and grieve and support one another. We've not had that and so some especially those that have been affected in a major way with losing so many community members have that much more to deal with and not being able to grieve in an appropriate way.

And that's it for, for my pieces now pick up on some of those thoughts that I've put out there when we answer questions. Thanks.

RACHELE:
Thank you, Jennifer. And then our final panelist is Victor Loo with Seattle Counseling Service, Victor?

VICTOR:
Great, thank you Rachele. Hi everyone, so again my name is Victor who, for this context, I use him/his pronouns.

It is a great honor to join my fellow panelists today to do this presentation that NNED Virtual Roundtable. I also want to take a quick moment to acknowledge that today is also the anniversary of George Floyd, as a country, we're continuing to grief and then also I do believe that this is the sort of time for us to be hopeful and try it with more positive energy, but we know that there's a lot of work that we need to do as social services providers, and behavioral health providers to continue to fight for justice and advocate and elevate equity.

So on that, I just want to reflect on that. But Seattle Counseling Service or SCS is the oldest nonprofit organization behavior health organization that started in 1969.

They provide a continuum of care services, including mental health, substance use disorder, and social determinants of health services for the LGBTIA community in the country. And with this organization that's beyond counseling. And what we do is that we expanded our services as a reference when we started as a mental health provider to include substance use disorders. So this is a system was integrated managed care. It is so critical to address your mental health and substance use disorder care, but we also are putting other programs including recovery support services, harm reduction program, HIV prevention program, peer-net program. Both have a unique program that address specifically immigrant strategies and undocumented individuals who are from LGBTIA community who needs services from us some services that we had actually continued to expand.

Since Affordable Care Act, includes primary care so we are also thinking about more intentional about how we can expand our primary care work. With SCS, we actually moved to this brand new location, sometime, I believe it was sometime June or July last year right during the pandemic. And this current look, we were at a previous location in Seattle, Washington, that's the area called Capitol Hill, we moved to this area in downtown Seattle area to ensure that our services are more accessible to the clients that we serve at SCS.

Can I go to the next slide please?

So this is a some demographics information of the clients that we serve that SCS. I'm someone who really, really loves data, because I think that every numbers that we see tells a story of a client is beyond numbers and data is also very helpful when it comes to advocacy or articulating access and disparities for additional funding of support. So from this graph that you can see here is that each of the clients that we serve and majority of our clients as you can see here are ranged between 31 to 60, years old, and I neglect to say that I'm actually a brand new to this organization, I started on May 6 as SCS's new executive director, but prior to that I'm very familiar with SCS I have been doing some consulting work nationally and locally and SCS. One organization I work with I came from organization to sex realizing that the demographics, is quite interesting, you will notice majority of our clients, essentially are under the age of 40, and in the short period of time that I'm here I'm also noticing that our workforce here. Most of them are also under the age of 35 which I think it's very refreshing change for this organization, and given to our focus is around LGBTQ. We also focus on different orientations yet that you can see the percentage of that is being profound.

Next slide please.

And this is some information about the race of the clients that we serve, and the income level. And, so you can see from here that majority of our clients are from the white community. I have intention as the new executive director to really expand our service population to be more even more inclusive to serve the BIPOC individual.

Yeah. So, I will. I look forward to the Q&A and then answering more question so I'll leave it right there. Thank you.

RACHELE:
Thank you so much, Victor I think you all of our participants will agree we've got a great panelists slate here who will be presenting more about their experiences and suggestions and strategies for CBOs.

So I'll go ahead and launch us off with our first question to the panelists, which is what type of funding and resources do organizations working in and with communities of color, need to address behavioral health or to better support behavioral health and we'll start off first with you, Victor.

VICTOR:
Yeah, so I would say that for right now for behavioral health providers, especially during the pandemic. We are providing an increase services address the mental health and substance use disorder need the beyond getting additional funding to provide behavioral health services, I indicated around the need to provide primary care, I think funding support to support behavioral health care in conjunction to either build capacity or partnership to deliver primary care is so, so critical.

Beyond that, what a pandemic had also taught us is that it's very crucial to have community health workers to provide social determinants of health services to ensure there is a full continuity of care to support somebody in their recovery from mental health and substance use disorder. So I will really recommend that they will beyond behavioral health funding support, support funding have social determinants of health and primary care funding support, specifically for the bipolar and LGBTQ communities.

RACHELE:
Thank you, Victor. Jennifer I'd like to turn it over to you to answer this question next.

JENNIFER
Okay, thank you.

So, in general, I would say as far as funding goes, it would be helpful to have more broadly based parameters when it comes to funding but I'm not going to speak too much to that because I think some other people will do that in general for all populations, but I do see that often that, what can be done with funding or who can do it tends to limit our communities.

But in light of COVID, I would say there's been more funding that's come out and it would be nice to see funding that would support workforce and infrastructure. Because, in general, whether we're dealing with Kobe, or not in our communities, there's always a situation where we have staff addressing immediate needs that we have staff that are accustomed to doing more with less. And not always being able to look to the future, due to lack of staff and infrastructure and I just we sit around 30%, they can see all the time. And in Indian country in general, there tends to be quite a bit of turnover and staff and so the ability and behavioral health specific to have planning and infrastructure in place and to address workforce issues that don't just fall under the larger umbrella of health care but are specific to be real health I think would be beneficial. Thank you.

RACHELE:
Thank you, Jennifer and Victor for highlighting those needs as well as kind of expanding to look at social determinants of health and beyond, kind of program services.

Next, I'll turn it over to Coretha to answer this question. Coretha, you're on mute.

CORETHA:
Can you hear me now? Yes, thank you.

Alright, one of the problems that I think that is important to address is the ability to fund programs is integral and it's very important. Without the program, we can't meet the needs of the client. However, our problem has been, and I don't think it's such a problem, it's a challenge that you know people, funders, will fund programs but sometimes it's harder to fund that for us to get funding for a staff and I'm sure I'm not the only one that is presented with that problem,

but it is the program is only as good as the individuals that are providing the, the components of that program. And in this field of behavior health, substance abuse, a lot of those people have to be certified in order to provide a good service, so it's an integral part of our population. And so, I think that is just retaining the staff, performing the services and just keeping them engaged and, you know, because you also think about what is my incentive to be in this program as a staff, what am I, what am I able to get out of it. And so therefore, I think it's integral to address that area, and this is kind of personal to the ALAMO the other process that we see is because we are an old building and it's in the built in the 1845 other parties being able to not only provide the service but provide a safe place for this service to be provided.

And that has been something that we have been able to reach out to the community for it, because if you look at the pictures of the ALAMO it is an old home built in the 1840s and so you have to have a program you have to have staff, but you also have to have a foundation in order to provide services. So other challenges be able to find funding, so that we can continue building the infrastructure and the inside of the program like when I talked about the structure of the building that is something that we continue to work on and have been lucky to collaborate with other funders to continue with the infrastructure, the structure of the building.

And so that is one of the challenges we face as well. We have to have a place to provide the services and so that has been very important to us to provide a good service and have a place to provide the service that.

RACHELE:
Thank you, Coretha so in addition to those planning and infrastructure like the hard, the brick and mortar of where services are provided are important as well to fund.

So, Valerie I'd like to turn it over to you too now from a finance perspective what types of funding and the resources to organizations need when they're working with communities of color.

VALERIE:
Well, I definitely think general operating support as a foundation, I think we're one of the few in our area that does provide funding for general operating support, that's very important to us and that's one of our buckets of funds, when we think about
what organizations can apply to us for funding. The other piece is a funder who is willing to put themselves out there for convenience. So, for instance, currently we are convening behavioral health providers and school systems to have a discussion about what supports are needed when kids are back to school in the fall when all of them returned back to school.

And ironically what we're hearing, pretty much, you're probably going to repeat the same thing a lot around the workforce pipeline. Because it's good to have access, but how do you build that workforce pipeline and so we're hearing that from our providers, and we're hearing that from our school system.

And as some people have stated, There are funds that are coming to the communities through the American rescue act, and through some of your local state governments, but also what we're trying to figure out how to leverage, because each entity can't do everything individually, but how can we leverage what's coming into our communities, to create a bigger impact, but definitely general operating support is what we're seeing the willingness of a foundation to have those meetings around special issues, and then grief probably talk about this a little bit more we offer capacity building for those organizations interested in strengthening certain areas of that they have identified that they would like to improve in within their organization.

RACHELE:
Thank you, Valerie. Thank you, Valerie, Victor, Jennifer, and Coretha for sharing those thoughts and ideas and suggestions. So, Lucas does this sound like what you've been seeing in Minnesota? And invite you to add any summary or and or reflection to the responses.

LUCAS:
Yeah, I definitely can hear similar things happening in Minnesota, from, you know, the staffing needs, the facility needs, the overall operational needs as well. And I think the combination of all of these put together is what really does make it difficult for our community-based organizations serving our communities of color.

And I think, you know, one of the overarching ones is really that workforce piece of creating a sustainable career development pathway. Because what I'm hearing. Like others have shared is that there isn't necessarily the funding resources for even like a rehab worker and like having the economy of scale, where the competition, you can go get a job working at like a McDonald's for a comparable wage. And so then, there isn't that work for us to go from. We're rehab worker or clinical training, not even clinical training but like a recovery peer or a mental health peer to then work towards that clinical training, and then perhaps pursue licensure.

So that's definitely a need. One of the big ones we're hearing here in Minnesota. And then the other one that I more seeing on the back end of things is the infrastructure on operational capacity and the ability for organizations to meet licensure requirements as a program but then also supporting their staff and their licensure needs and requirements. And then also certifications whether those are state or federal certifications that are needed to operate and maintain, providing services, so definitely agree with everyone on the panel.

And thank you all for sharing.

I think now we're going to transition to our second question. And so, our second question. Excuse me, is really going to be focused towards that building of relationship between a community organization, and our funding partners. And so, what are some of those strategies for building that relationship?

And I'm going to open this one up to Victor, Coretha, and Valerie. Victor you would you like to go first?

VICTOR:
Everyone is so shy. No just kidding. So, so I would say that.

One thing that came to mind when you know state, we are talking about 1135 Medicaid Waiver, essentially that allows behavioral providers to have the ability to bill for social determinants of health services as a billable and Medicaid service.

And when I think about that. What else did is trying to do right now, it opens an opportunity for behavior health providers to partner with CPO more intentionally, and also thinking about asking local governments and foundation to really focus on how to support that partnership whether it is through a formal agreement or informal agreement. And because then one thing that I think will always be helpful is to identify providers, whether it's a CPA or partners or behavior how corner and form a consortium, or formalize it as a coalition, because I just think that that will help not only to strengthen the expertise address the workforce shortage issue because we don't have enough staffing, but if you have a consortium then I just think that it's also being more intentional to come together to identify strengths and gaps and present it in a way, again, to advocate together to our funder, to figure out a way to how to really formalize that partnership.

And I'll give one example this here. in, in Seattle, Washington, that is a, we have a console consortium or coalition called the Cross-Cultural Alliance and Seattle Counseling Service is actually one of the providers, and with the five providers we come from different ethnic background, different service population, different expertise when it comes to SDOH or behavioral health services. And whenever there is opportunities we organize together and advocate together and strategize together even share ideas during this pandemic time about how to provide rapid responses, and even in this time we've really been thinking about reopening plan and approaching our funder of our heart What kind of economic recovery support that we need.

And the last thing that I will add here is, as we know that American Rescue Plan has funds that presents new opportunities for economic recovery and I, again, I think, if there's a consortium, it will make more sense of that body of work that can create a larger impact, and also support smaller nonprofit that may not have the infrastructure or capacity to do to work.

LUCAS:
Thank you, Victor. That was great.

Coretha or Valerie is there any things that you'd like to add around like approaches that you've worked on together in regards to the partnerships that you have? Maybe we'll start with Coretha?

CORETHA:
Okay, thank you.

Our, I do want to say our relationship with The Cameron Foundation has been a long one andit's been a good one. I am glad when a foundation to believe in a mission and for them to believe in our mission and our vision for the last 10 years is astounding.

I think some of that comes from the experience at The Cameron Foundation have with our behavioral health. One of the things that I attribute that to is Valerie being a clinician and understanding the behavioral health needs of a community to include mental health and substance abuse treatment. I think that's very important. So pre-COVID, we had a relationship.

And they were able to see that we made a lot happen with a little, and to continue to believe in our mission, even after 10 years it has been astounding. So, we are very grateful for that.

I think the other things that we were able to do with our partnership is we were able to provide, be able to develop our program and we, The Cameron Foundation offered the IP, and it is a program where nonprofit can look at all components of their program to include governance fundraising, building a board. And so, it has been a process and it's been a learning process and it's been a great process.

I was also able to obtain a certification in nonprofit management through The Cameron Foundation through a Duke University that has also been an experience and it has given me more experience coming from a for-profit,

We also have a private practice so that has been a standing astounding. But when you think about an organization that believes in your vision and your mission and especially with the population that we're dealing with in Petersburg, where there is a plague of people dying every day from the disease of addiction and knowing that we offer this service. And we continue to provide that service, and we've been very transparent and what we do.

And I think, honestly, place a piece so no matter what happens, we always let The Cameron Foundation know any changes that have happened. I think being able to trust that organization, and being able to have a conversation is very important and I think that's been integral pre-COVID and where we are today with COVID and moving forward. And so that has been important to us. It's just been a pathway and a collaboration of great opportunities.

And so, we thank them for doing that and supporting us as a nonprofit.

VALERIE:
I'll just jump in. I think in addition to the capacity building component, which is what Coretha just described, definitely hearing Victor talk about the social determinants of health, and as a foundation, we shifted our focus in 2014,

and we actually work with the Institute of Public Health innovation, and we started in education, among our communities to create a shared language around the social determinants

of health. And we sponsor those education opportunities throughout our whole service area. And then, one of the things that I'm responsible for is the Healthcare Advisory Council, and within the Healthcare Advisory Council, those individuals actually review our Letters of Intent, and our health program area.

And they consist of our safety net providers, behavioral health providers, nonprofit organization faith communities. And I think out of that we learned a lot about the community, they learn a lot about us. And one of the things I'm very proud of is out of that Advisory Council: we've had three minority members to actually transition to our board of directors of the foundation. So it also, you know, we build a relationship, but we also build leadership among the leaders that come to the table. And so, I think those are additionally, two ways that we build relationship and partnership with our community-based organizations.

Thank you.

LUCAS:
That's great. That sounds like a really amazing relationship that the two of you have together as organization, partners, and what you're doing in your community with other organizations as well.

Thank you for sharing. Again, that's great to hear.

So, I think now we're going to turn our attention to some of our strategies around our funder and government agencies, and the strategies that they're using to support community. And so, our next question will kind of be directed towards Valerie – how has The Cameron Foundation moved quickly to provide emergency funds to address behavioral health concerns in the diverse communities you serve?

VALERIE:
Okay, when COVID hit, we have a staff of five. And we immediately went into overdrive thinking about what we could do to support our organizations. And what we came up with, with our emergency COVID-19 grant fund. And it was actually, we pulled everything together, it went live around April May organizations were in our service area could apply for funding in four areas and those areas were health and safety, education, technology, and general operating. Those organizations can apply for emergency funding, even if they had an open grant with us because we understood immediately that the organizations with the face with a lot of challenges, especially with having to shut their doors and with many of them having to go for help.

For many of them just having to figure out the safety, of how they were going to pivot in that way. And so, we offered $20,000 grants to those organizations that they could apply for and use within a period of time.

In addition, with our education component. We offered technology grants specifically for those school systems up to $50,000, to be able to utilize to address some of the technology needs, especially with many of the children having to go through virtual learning. And so that was one of the pivots that we did immediately when we heard about when we all faced, the shut down around COVID-19.

In addition to that, those organizations who had opened grants with us. They could also reallocate their funds they could we call the various requests from us an opportunity to make some shifts in the money that they had received, because of course but they had written to us for grants, you know, it was going to change company you know based on what was going on at that time. So, we made an opportunity for them to be able to do that.

And I've already shared about a behavioral health convening that we're doing now and anticipation of what we think may be some issues that may come up with the school, as we go into the next year.

And then lastly, with our health department and our health department, and our health department covers nine localities, we seven, they cover nine. We also provide a grant for them to have community health workers and those community health workers, they're in the process of that now, but those community health workers will be deployed to work with communities around all things health, but also specifically to address vaccine hesitancy and vaccine education.

And so those are just some of the things that we did to make that pivot. For some of our nonprofit organizations to be able to do that work in a way, as much as we could to reduce the stress of them having to make that pivot, and then also for those who had loss of funding that grant program, the COVID-19 emergency grant program, several of them and, and some of them were behavioral health organizations, asked for funding to really address some of the gaps in funding that they had lost as a result of COVID-19.

Thank you.

LUCAS:
Well that's a lot of work. It's really great to hear how flexible you are able to be in regards to the grants you made available and your existing grantees. I know and working with different organizations that isn't always the case. So, really want to say thank you to your organization for that great work and support in your community.

Our next kind of part of this question will go toward to Jennifer. And similarly, how is the Indian Health Service responding to the community need and getting funds out to communities and kind of specifically for behavioral health services and needs?

JENNIFER:

So, during COVID, as, like I said in this newer role I know of, of multiple parts of funding, I think six pots of funding have come out, large pots, and not all would apply to behavioral health, but there's been the Paycheck Protection Program, and Health and Care Enhancement Act, the Family First Act.

But I was going to highlight more the CARES, which is Coronavirus Aid Relief and Economic Security–Act, did have a public health support piece to and a telehealth piece to it, technology upgrades which was really important for mental health pieces. and then the CRRSA or the Coronavirus Response and Relief Supplemental Appropriations Act focused on testing and contact tracing and surveillance, so again not behavioral health, but then it also had a piece around funding being able to be used for rent, lease, purchase, acquisition, construction, renovation.

So those pieces of talking about just needing physical facilities in order to provide services there's money that's come out in that piece, and most recently there's been the American Rescue Plan Act which has several different pieces in it of how that money can be used, but some of it, specifically for urban Indian health can be used just for ongoing programming. Some of the funding that's come out with, with some of the Acts also just allows to go back in to repay programs for what they've provided during the pandemic.

And there was additional IT and telehealth funding that came out through that as well. And then, aside from funding pieces, some of the things that I just has done internally is work with the Crisis Text Line, and other organizations to push out some things that were already in the works prior to the pandemic, that now there is you can text NATIVE to the crisis text line to have 24-hour access to someone that can be a listening ear connect you with services.

We've also developed resources and just push those out through our different avenues work with Johns Hopkins to develop culturally appropriate products related to COVID and some of it being health oriented but several pieces of it being mental health specific.

And then the Tele-Behavioral Health Center of Excellence, that's our center that we provide telehealth services through but there's also a tele-ed piece through that so there's been a ton of webinars that we put out and you can go on the IHS website, and find those, but they've hit all kinds of topics from compassion fatigue to caring for your children during a public health crisis. To reopening in person behavioral health services, discussing social determinants of health, substance use, and supporting recovery during a pandemic, and all kinds of other topics are available there and you can just go click and view those anytime.

And then the last thing I was going to highlight was that QPR has also been pushed out, and of course that's been around for a long-time – Question Persuade Refer – related to suicide in 2009 teen suicide was the second leading cause of death for American Indian Alaska Natives between the ages of 10 and 34, and the overall rate of death by suicide in our communities is about 20% higher than that compared to the non-Hispanic white population. So, there was an American Indian/Alaska Native training that had been developed years ago through QPR, but

we worked with a contractor and that's been updated and so that's now available to all of our staff but it's also being made available to tribes and urban. So in the Nashville area, we're going to shortly be releasing an announcement where tribes and Urban's and community members in general can take that training it's just a one-hour training that can be helpful and addressing someone in that crisis moment.

LUCAS:
Great. Thank you, Jennifer for sharing all those different ways in which Indian Health Services has gotten grants out there quickly to meet the needs of your community and communities across United States, that's great.

Now one thing that I'll just kind of throw out there is that I think this is really highlighting an important piece from a funder standpoint the importance of funders really coming to the table and doing kind of Human Centered Design and really listening to the stakeholders that are there in those are there in those collaborative groups that they're participating in, and having authentic stakeholder engagement hearing the needs of community organizations and individuals in their community, and then how to then support those needs in that having kind of pre-programmed, things that they're looking for but truly looking at what is, and listening for what is the need in our communities, that I think sometimes is a challenge that community organizations definitely faced when working with funding organizations. And so, just wanted to call that out as something that as you are at these different tables with different organizations and perhaps new funding organizations to just call out and be a strong advocate to say, you know, “We're here for a reason. This is the need, and this is the concern in our community.” And hopefully the funders that in your collaborative groups, truly listen and, and then take your advice in regard to how to best serve the community that you're serving. So thank you all for sharing those experiences.

I think this brings us up into our fourth question, and our fourth question is in regard to how CBOs can set up reimbursements for their services. And so, this one I'm going to first kind of go towards Jennifer, how do you support community-based organizations to enhance the ability to set up reimbursements from an insurance company or agency?

JENNIFER:
So, we work primarily, like I said with federal service units or urban sites or tribes, but with all of those,

I would say one of the key pieces is that we encourage accreditation so billing can take place in the first place. So, I often see that programs tend to lean towards grants, initially as a start off, and then and hesitate to move towards accreditation, because it is a heavy, it's a very heavy lift. So, one of the things that we do is, we offer mock reviews from our agency in order to support so people can have that chance to go through that process with us and technical assistance pieces before they're going through that with an accreditation organization. So that would be and then and with some of them to, depending on who they are, such as our urbans we, we will

fund the trainings that they need, and conferences that they need to go to achieve accreditation.

LUCAS:
Thank you. Yeah, no, I definitely agree, and I know I'm maybe going to be touching on that a little more, and a little bit but definitely agree that that's an area that many community-based organizations are challenged with that need some support, and then also perhaps additional guidance and making rules and kind of regulation a little more clear and understandable.

So, the next kind of part two to this question is for Victor. How has your community-based organization set up reimbursements for, and with insurance companies and agencies?

VICTOR:
Yeah, I would say that this is a really tricky one because I think as specialty providers that provide cultural competence care and linguistically care, oftentimes when it comes to reimbursement, we have to do a true cost of our unit costs. And when it comes to fund our private funder insurance, or even government under that reimbursement rate is very difficult to, they don't do reimburse because you provide services in a different language, are you provide services for the LGBTQ community.

Well, what we have done I referenced the Cross-Cultural Alliance earlier – it's this Cross-Cultural Alliance in the state of Washington – what we had done I think for over 30 years now, before I immigrated to this country, they were able to advocate for something called culture and language differential reimbursement to our local government, and we were also able to use this reimbursement methodology when we asked for funding support from foundation, and sometimes even with managed care organization and insurance. What that does is, it will provide a 10% additional for specific coach reimbursement unit costs by any CPT codes, on top of the services provided a different language we get another 10%. So, there's a total of 20% to acknowledge the culture and language specialty. And I just think that as a specialty service provider that is really critical to be able to explain to all funders that bi-culture, bi-bilingual licensed clinicians, when we provide services, it does cost more. And we often, sometimes, understand that when we talk about equity, I think that's where I see the disparity issue unit cost us not take culture and language and specialty provide services into consideration. And Lucas I like what you said at the beginning, about what we need to do to allow cultural adaptation for promising and evidence-based practices, and that’s what exactly what we need to do when it comes to asking for reimbursement it is clunky and complicated to set up that unit costs when it comes to reimbursement.

But I'm really grateful that our state is open and copies open to provide that payment differential and I really hope that other states can also mother this kind of reimbursement system and private insurance or EMS managed care organization can acknowledge that. But I will remiss not to say this, again if it's a smaller provider, they will not have to business intelligence or data capacity to do that kind of true cost analysis, so I would also ask funders not to put administrative burden on providers who is asking for a differential reimbursement rate.

And I think it's totally possible.

What the pandemic has taught us is to be nimble, adaptive, and be resilient and creative. And this present as a time that we can think about financial compensation in a different way. Pre-pandemic, everybody thought telehealth is impossible, and boom, now everybody is doing telehealth. It just shows that there is a way for us to be creative, again, not putting administrative burden to provide us when we have to do our cost analysis, talked about several times in this panel that we need to be at that table. Yes, some of us on at the table, but when you get to the table, you need to have the ability to have to utensils, the tools to access what is on that menu. And I would also a funder to provide that access and look through an equity lens as we talk about compensation.

LUCAS:
Yeah, thank you very much Victor and Jennifer. And I, I definitely agree you know one of the things that I'm hearing here too is kind of the nuance that exists in regulation between kind of the federal regulation, state regulation; and then also understanding the different funders within kind of grant-based organizations, commercial insurance versus like Medicare government-based Medicaid, Medicare; and that different regulations exist across the board in regards to how reimbursement works and how individuals

and programs are licensed, whether that's an independent licensed mental health professional licensed drug and alcohol counselor or even like a residential mental health or substance use facility. And agree that these different regulations are really going to be something that as a community organization, you're going to need to understand what your state does or does not allow and provide. And Victor, I think it was really interesting to hear the state that you're in, was it, I believe, Washington, and how supportive they are for some of these additional reimbursements to recognize the unique cost that it does take to provide culturally responsive services to the community at which you serve. That's not always the case with all states. And so, it really part of it becomes this opportunity then of identifying what is available, but you also don't know what you don't know.

And so, I think the other piece of that is just saying, you know, if you're able to join a professional organization or, as we've touched on several times, different collaborative community associations, there's a lot of shared knowledge or there's a lot of knowledge in our community in those opportunities to share that information across organizations to truly support and elevate our communities to receive those services and support our ability to be sustainable, moving forward I think is really critical. So, I would really recommend you know if you're able to identify some of those organizations, it can be really helpful in understanding what's allowed and available for resources in in your state given those variances between state and federal regulations.

And then the other thing is kind of a Jennifer mentioned is, with knowing that we're going to be at these tables and there may be some different funding streams available, it really kind of is

that piece of how do we then take some of this opportunity and funding to start programming or create some additional support for like the admin costs that Victor mentioned, may not currently be available within your organization, to move towards making services sustainable and being able to bill insurance companies and get off of just grant funding and hopefully have more of an integrated funding stream for you, that again will support sustainability and ultimately ensure the availability and access to your services and resources in your community that they need. And so, I think that's another piece here is realizing that that's kind of another piece of this puzzle. And it's not a fun piece. But when it comes to that sustainability, how do we get there, and then also that funder piece of how do funders take an

interest in that sustainability piece and provide some of those other supports for kind of what I would call like back of the house operational activities for organizations.

And now I'd like to invite Alina, to share some more resources from the NNED.

ALINA:
Great, the thank you Lucas and thank you to all of the panelists for all that you shared it's just such a wealth of knowledge and we really appreciate your time and words of wisdom.

Just quickly I wanted to share ways to stay connected with the NNED and access the many resources that we provide. So, on the screen here you can see the link to join.

I can also add that to the chat shortly, but this will help to allow you to stay connected with the NNED find out about upcoming opportunities to engage with similar to this Virtual Roundtable, as well as many resources – so emerging news from the behavioral health field specifically in diverse communities, different resources to support your work including funding opportunities, webinars, and the resources.

And so, one of the things that we also provide on our website is a funding opportunities – Alice if you can? Yeah, thank you.

So, we do compile list of behavioral health funding opportunities at both the federal local and philanthropic levels. So, we kind of try and create this hub that folks can go to try and find those really important grants to support work and recognizing that's not all that's needed in order to support this the work of the behavioral health field but just know that there are resources you can tap into there.

We also have Partner Central, which we invite folks to access so this is wonderful for finding and connecting community-based organizations that are in your area, you do have to be a member of the NNED, is free to join, but to in order to access this page, but I know a couple of times I have shared in different Q&A and questions that have come in through the chat on "how do I get connected with community-based organization?" so this is a great resource that we definitely suggest you check out.

And I will share that NNEDshare is a really interesting resource have me also compile innovative interventions on this website as well connected to the NNED. So that's actually where you will find resources from today's virtual round table posted shortly as well as the recording, and we also do archive all of our previous Virtual Roundtables there as well. I've been also chatting some different ones there that have some great resources related to, and slightly separate from this topic as well.

So please, encourage you to check that out. And we also invite you to submit your own resources and innovative interventions, they are applicable or potentially adaptable and different parts of the country with different communities, really trying trying to create a hub that folks can go to without needing to kind of reinvent the wheel entirely. So just appreciate you all for all that you've done and shared, and I will pass it over to Rachele for final lightning round question.

RACHELE:
Great, thank you for sharing all those resources, and I know that we've been getting questions and I've been directing people to the website. So please do check out all those resources that Alina shared.

So, we'd like to end this virtual round table with a lightning round question by asking each of our panelists including our facilitator Lucas and thank you for the great job you've done today. Looking ahead, what can community-based organizations do to best prepare themselves to build the funding streams and growth, organizational capacity to sustain their important work?

So, I'm going to go first to Valerie and then Victor.

VALERIE:
I think it's important to continue to build relationships with funders in your area. A lot of times and of course, each individual funding organization is different, but we welcome people who want to initiate contact with us before writing a grant to kind of, you know, hear some ideas that they have conversation. So, we initiate that conversation, if they're open to it, and build that relationship that way. And then also learn from them how you can better position your organization to access those resources.

Thank you.

VICTOR:
Yes. Oh, this is for Victor, I would say saying that it would be helpful to continue to identify what an organization already does well, and then continue to enhance that asset, versus expanding, because it does uncertainty, I think it's great to focusing and enhancing what we already do well to really enhance that niche and expertise. Beyond that, I think is really critical to be able to share resources with one another with another CBOs, and beyond sharing leverage those resources.

RACHELE:
Thank you, Victor and Valerie. So next we'll go to Coretha, then Jennifer, and Lucas.

CORETHA:
I think it's important to continue with collaboration in the community, one of the groups that we collaborate it's a reentry Council for Petersburg Virginia it's a lot of providers that come together and they provide different services, and so we're all on a first name basis. And I think that's really important because while we're providing substance abuse or mental health, we have someone else who's providing some other kind of resource.

And so, we continue to do that, so we have formed a really good relationship with the other providers in the community.

I think it's important that we reach out to people that are doing what we are doing. I think one of the places that we reached out to through The Cameron Foundations who gave us a resource, was a home that was looking at doing some kind of – we were looking at residential building and how that would work for nonprofit and whether Medicare would support that or not – so they gave us information on whether we could do that or not.

So, we have that partnership the collaboration continued collaboration, continue to talk to other nonprofits and not reinvent the wheel but maybe take feedback from what they've done and then continue to work together the community has been a great kind of relationship that we have established in the Petersburg area and the surrounding counties, so that has been that's been very productive for us as a nonprofit.

Thank you.

RACHELE:
Thank you.

So, Jennifer I think you're next.

JENNIFER:
Okay, I don't have too much to add after whatever, everybody's already said, my first response would be communication with a funder and partnerships, but specifically because ideally you would be able to hire someone that is going to be a great grant writer and you'd be able to hire different people into your workforce that have the background and expertise and all the areas that you're going to need, but in reality, we know that's not going to be something that's going to happen for everyone or for most of us probably. So, what I would say is that is the key piece is to find partners that you can collaborate with that are already doing what you want to do and find out how they got where they're where they're at, so that you can model after that, or have the contacts that they already have to use those resources to get where you need.

RACHELE:

Thank you, Jennifer. And Lucas…

LUCAS:
Yeah, again I agree with everyone, all the panelists, in regard to those relationships and how important those relationships are. And I would also add that part of it is, when you are in the community and with funders or other community organizations, being able to clearly communicate the value in the unique position that you hold in the community in regard to providing these culturally responsive services, is really going to be important. Because that is going to be a differentiator, for you and to that point around kind of grant writing, if you maybe don't have the best or you don't have the ability to have a grant writer within your organization, these relationships can help establish that opportunity to get in the door and communicate and advocate on behalf of the work that you are doing. So I definitely think that's one kind of additional item, maybe throw on.

And then one other item I forgot to mention earlier, that does kind of apply to this question is also recognizing the legislative process.

There are different advocacy groups out there that are working on behalf of behavioral health organizations and individuals receiving behavioral services, and especially those in underserved communities, in racially diverse communities. And so, the legislative process is also definitely another way for us to advance this work to make these types of services more accessible and sustainable. And similar to other large organizations and funders, I would say that this kind of need in our community, at least in Minnesota is definitely being heard by our legislators as well. And so that may be an avenue for you to work with other community organizations or on your own, to communicate to those individuals to go through that avenue as well.

RACHELE:
Thank you so much, it’s helpful to hear that recap and summary. Just trying to look through the Q&A to see if there are any other ones we've missed. Alina and I have been trying to answer questions along the way. There are, there have been several questions about funding opportunities so I do again want to direct our participants to the NNED's website that has a very robust searchable database for funding opportunities that you can check out.

Also, there was interest in, a lot of interest, in the workforce and I think we've heard that from our panelists today that we really need more support for workforce force pathway. And our next webinar for the NNED will be focused on that so we encourage you to keep in touch and sign up for our newsletter so that you can get information about that upcoming opportunity.

So, with that I think we will go ahead and turn it over to…well Lucas I just want to make sure if there was there any other summary or recap that you wanted to provide before we go on.

LUCAS:
No, I think I'm, I think, on my end I'm good I just want to say thank you for everyone for participating and having this great discussion today.

RACHELE:
Thank you, so I'll turn it over to Annie then to close us for the Roundtable.

ANNIE:
Great, thank you. And thanks to all the panelists and to Lucas for all the great takeaways. And like Rachele was saying. Our next Roundtable, we will have a final date soon, but it will be in August, and it's called Creating and Enhancing Pathways to a Racially, and Ethnically Diverse Behavioral Health Workforce. So, like mentioned by many of the panelists, that we really want to be supporting a more diverse workforce and that being part of some of the challenges we're facing now.

So, to all of our panelists thank you all for sharing and for the important work you're doing in your communities, especially during this pandemic and multitude of crises we are currently in. We want to thank our participants for contributing so actively to the conversation through all your questions and the chat activity. We hope that you're able to take away useful strategy is to bring back to your own communities.

Please provide your input on this event and it will help us plan future NNED offerings. So, we will put in the chat, a feedback survey and you will also get it in the email, along with the recording and slides from today on behalf of the SAMHSA Office of Behavioral Health Equity, and the National Facilitation Center. We want to acknowledge and thank the MHTTC Network Coordinating Office for their partnership on today's Roundtable. Thank you to all the participants, to our speakers, NNED members and communities for joining us today. We would appreciate again a few minutes of your time for the feedback, and we hope you all have a wonderful day.

Thank you.

ALINA:
Thank you.

ANNIE:
Thank you, panelists.