

## **Behavioral Health Collaborative: Workforce Workgroup**

### **What the behavioral Health Collaborative wants the Workgroup to do:**

**Develop standards for a well-trained behavioral health workforce, inclusive of certified, licensed and unlicensed, peer support specialists and community health workers throughout the state.**

**Use learning opportunities to support a workforce that is trauma-informed, person-centered, culturally and linguistically appropriate and prepared to work in integrated care settings.**

### **Number of Action Items:**

5

### **Number of members in the workgroup:**

Approx. 10

### **Representations required:**

Urban MH and SUD treatment provider (CMHP + provider)

Rural MH and SUD Tx provider (CMHP + provider)

Urban CCO

Rural CCO

Traditional health care worker

Caregiver including family member

CSAC representative (Early Childhood and Youth)

OCAC representative

Housing

OEI

*Peer Delivered services recommendation will be obtained from the PDS workgroup to consolidate efforts.*

### **Meeting frequency (may increase over time):**

2 times a month (May, June, July, August)

### **Deadline for Recommendation report to Core Team**

August 31<sup>st</sup>, 2017

### **Workgroup operating procedure:**

Members of AMHPAC, CSAC, and OCAC who volunteer to be part of this workgroup are to make this body of work a priority from the time of first meeting to submission of final recommendations to the BHC Core Team. Members are required to stay on task, and strictly follow the charter and implementation plan action items laid out for the workgroup.

The BHC requires all workgroups to submit their recommendations to the BHC Core Team by end of August. This short timeline means workgroup has to meet frequently, in person or over the phone. Members will also need to commit to the time required for discussions, research, intermittent writing, and follow ups. If a member cannot be present in person or by phone due to unavoidable circumstances, they will need to send a proxy member who has equal level of expertise in the subject.

Members are required to be responsive to OHA staff when reached out for follow ups after each meeting and during writing the recommendation report. Two members of the workgroup should volunteer to bring updates to AMHPAC full council regularly, for feedback.

Workgroup members are required to provide support in writing the recommendation report draft. Members are also required to review and provide feedback to OHA staff on the final recommendation report for the BHC Core Team, in a timely manner.

Once the workgroups start, if a member feels that they cannot adhere to the commitments of the workgroup due to other commitments, then the member should notify the Workgroup Implementation Lead (Rusha Grinstead) no later than one week after the first workgroup meeting.

### **Next Steps:**

Implementation plans with specific action items will be sent to full council and subcommittee members after being finalized by steering committee on May 15<sup>th</sup>.

Once workgroups are staffed, Jackie Fabrick will send out official invitation emails to workgroup members.