

MH Integration Council Meeting –

March 14, 2023

Recommendation: Identify opportunities for **shared or leveraged staffing** through contracting with Federally Qualified Healthcare Centers (FQHCs), Designated Mental Health Agencies (DAs) and exploring the potential for Certified Community Behavioral Health Clinics (CCBHCs).

- a) Are you aware of shared or leveraged staffing happening now? If so, please be specific.
- b) As we look to the future, where might there be opportunities for shared or leveraged staff? Imagine you had three wishes, and if they came true this would happen. This is not a recommendation; we are exploring potential.
- c) What other thoughts do you have?

NOTES:

(Logan Hegg) Discussion around how the video highlighted the need for spiritual transformation.

(GMCB) Importance of LISTENING

(George K) Rather than building or recreating or duplicating new services can we subcontract or work closely with systems that exist. By sharing staff, both person and electronic systems, it can be more than a handoff, it can be a connection to other resources and services.

(Alison) Need to work on building the right infrastructure and incentives to share resources meaningfully, efficiently and equitably

(Dillon) Trust is impacted by scarcity of resources. This is felt all across the system with the staffing crisis and the cost of providing care right now

In Springfield – a provider has a shared role in both primary care with children and with the designated agency and has brought her expertise to both (per John Saroyan)

(George K) Can focus on adopting models that promote shared resources:

Healthworks assertive community treatment program – HCRS, BMA, DMH, Community Health Team, Peers – work with homeless

IPS – Intentional Peer Support is a great model to train staff for person driven approaches

Wildflower Alliance – alternatives to suicide and hearing voices

Collaborative Network Approach – model that fosters bringing different organizations together

(Dillon) Important to be clear on what leveraged staffing does do and doesn't do – Strengthens system level relationships, IT collaborations, builds understanding of the value of disparate systems, Doesn't "trim the fat," doesn't always give client/patients "more", doesn't create more time for the individuals who are shared to do additional work