Oregon Health Authority
HB 2235 Workgroup

August 21, 2024

Meeting #14

Agenda

START	TIME	END	TOPIC
1:00	5	1:05	Welcome Community Agreements Review
1:05	5	1:10	Roll Call
1:10	10	1:20	Public Comment Period
1:20	5	1:25	Matters from previous meeting
1:25	35	2:00	Shyra Merila Presentation
2:00	10	2:10	Break
2:10	45	2:55	Kelli Bosak Presentation
2:55	5	3:00	Wrap-up

Community Engagement Agreements

- We acknowledge that we bring our Lived experiences into our conversations
- We strive to engage non-judgmentally, with respect, humility and inclusivity
- We try to stay open minded
- We work to make conversations accessible, and trauma informed
- We honor everyone's lived experiences and expertise
- We expect it to get messy at times. When it does we will acknowledge ruptures and focus on repair.
- We show up with humility and a place of vulnerability

Roll Call

Cape Mears Lighthouse

Public Comment

- Period is 10 minutes total
- Please keep comment to 2 minutes or less.

Deschutes River

Matters arising from the minutes/previous meeting

- This is a space for members to share thoughts or reactions from previous meetings, constructive criticism, requests for clarification(s) or data, and/or appreciations.
- This is also a time for proposals to be shared
  - OHA will follow up with those who provide proposals for scheduling.

MAKING PUBLICLY FUNDED BEHAVIORAL HEALTH THE BEST PLACE TO WORK.

AGENDA

Introduction – Shyra Merila, LPC Deputy Director CMHP Clatsop County

What am I suggesting? - We make a recommendation to sustainably fund programs the we believe have a significant impact on recruitment, retention and pipeline development.

Why do we believe they work?

- Currently we have a vacancy rate of under 5%, in an organization of roughly 150 people, that's about 7 or 8 open positions.
- We are currently hiring for a nurse to serve in our jail-based programs and have 4 candidates.
- When people leave the agency, they often come back.
- (we are looking into ways to measure program effectiveness)

PROGRAMS

TUITION ASSISTANCE

CHILD CARE STIPENDS

ELECTIVE TRAINING AND SELF CARE

SUPERVISORY PAY ADJUSTMENTS

TUITION ASSISTANCE - WORKFORCE GRANT

Policy - CBH will assist eligible employees by providing tuition reimbursement for coursework of employees who are seeking degrees or certifications related to their career at CBH, in accordance with the terms and requirements described in this document.

Nuts and Bolts –

- Tuition assistance is available for those pursuing degrees or certifications that relate to their work or future work with CBH. Master's and bachelor's degrees will be supported up to $5250 annually as approved by CBH. CBH will prioritize individuals who are pursuing a master's degree.

- **The $5250 is the maximum amount we can award without leading to tax implications.**

NUTS AND BOLTS

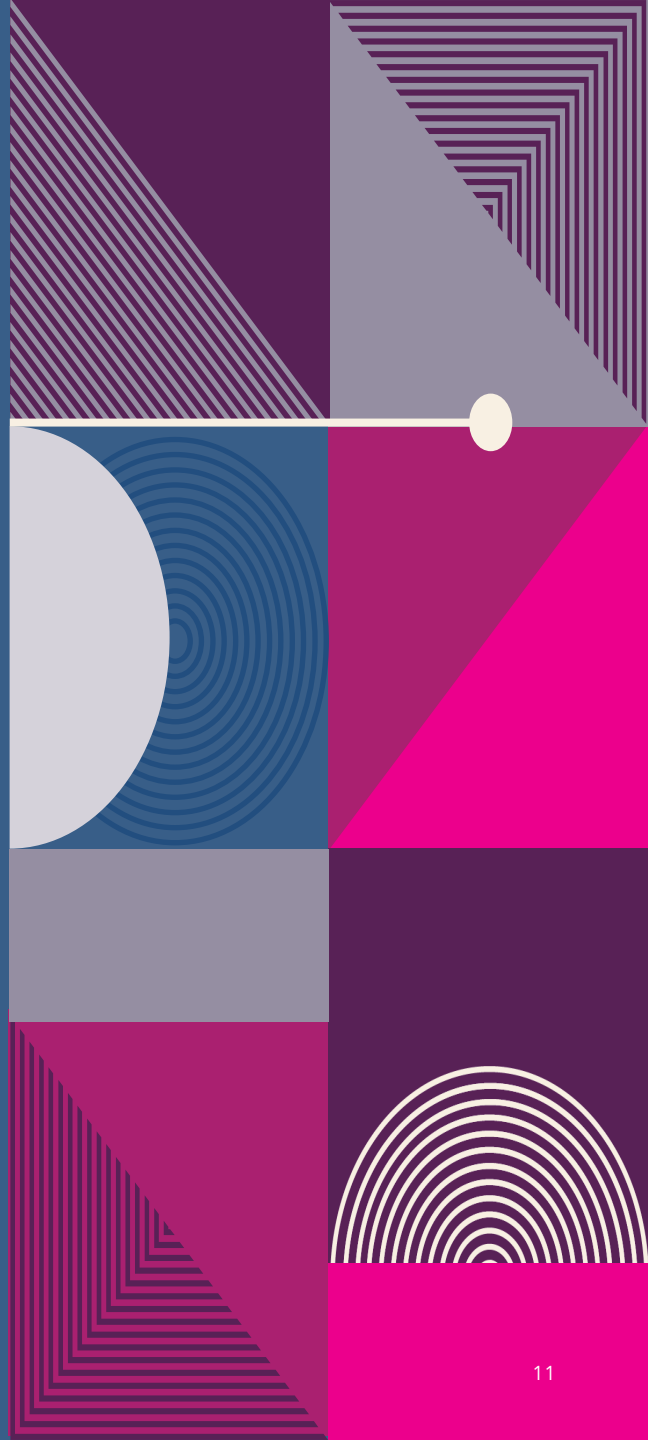
• The degree in which the employee is enrolled will improve or maintain the employee's skills in their job at CBH and will directly benefit CBH and its clients.

• The employee shall not receive full assistance from other sources. CBH won't consider a tuition assistance contribution unless there is a balance after scholarships and other assistance have been applied to the tuition.

• The employee must submit an application to be considered for tuition assistance. Approval is based on availability of limited funding.

• The employee must be willing to enter into a contract that outlines the terms and conditions for tuition assistance. **(We require a 2-year work commitment post completion of degree)**

• The courses taken toward the degree or certificate are being taken at a college or university listed as an accredited institution in the Council for Higher Education Accreditation database



STRAGGLER NUTS AND BOLTS

We pay the employees up-front. The are required to pay their universitas and provide proof of payment.

Prior to each quarter/semester of the degree program, CBH employee submits documentation showing intended courses in the upcoming quarter/semester. This information includes the tuition cost, name of course(s), dates of course(s), and any other information requested. Even though the employee is enrolled in a specific program, CBH has the discretion to approve or deny an employee's request

CHILD CARE STIPENDS – WORKFORCE GRANT

- We received $40,000 through a workforce grant funded by the OHA.
- Funds must be spent within a two-year period.

- **Open enrollment – CBH opens applications to CBH employees annually.**
- **Employees submit applications, including proof of financial obligation for childcare related expense to HR.**
- **Based on the number of approved applicants our finance department divvies up the grant dollars and awards each employee a specific amount per pay period per year.**
- **The funds are awarded as part of employee paychecks and are pre-taxed.**

ELECTIVE TRAINING AND SELF CARE – INTERNALLY FUNDED

"Self care is the stewardship of the gift you have to give."

Policy - Clatsop Behavioral Healthcare provides financial benefit for the purpose of continuing education, training and selfcare for all employees. Education and training related to CBH business can be granted during working hours, self-care is on the employee's own time.

- CBH awards each employee 40 hours of paid time annually to be spent on career development/educational pursuits.
- CBH awards each employee $1000 annually for non-licensed providers and $1500 annually for licensed providers.
- All activities/trainings must be pre-approved.
- Money spent on education and training is not taxable.
- Money spent on self care is taxable income.

WHAT'S WHAT IN SELF CARE

Approved Selfcare Examples (non-exhaustive)	Non-Approved Selfcare Examples (non-exhaustive)
Massage/Pedicure/Manicure	Donations
Gym membership/Fitness Classes	Gambling
Art classes/ supplies	Alcohol and other altering substances
Games (video, board, virtual)	Furniture
Park passes (state, national, aquarium)	Bills
Out-of-network counseling	
Gardening supplies	

SUPERVISORY PAY ADJUSTMENTS

– INTERNALLY FUNDED

Policy -

Clatsop Behavioral Healthcare is invested in compensating employees for the advancement or acquisition of certifications or credentials which broaden their scope of work. **In addition, CBH will compensate employees who take on the responsibility of supervising university-based interns or candidates pursuing licensure.**

- Employees who provide supervision for interns and/or employees pursuing licensure will receive a stipend.
- $100.00 per supervisee per pay period up to 2 supervisees.
- HR must be given the start and end date of the internship/licensure supervision.
  - Extensions to the end date must be communicated to HR.
- Stipend payment may be awarded up to 1 month prior to the internship starting to prepare for receiving the intern.
- The stipend applies to those who are designated as the primary supervisor of the intern or licensure candidate (LPCA, LMFTA or CSWA).

RECOMMENDATIONS

Sustainable funding for programs similar to the ones described.

Program funding to require specifics around benefit implementation with some flexibility to tailor to specific orgs.

Program funding to require measurable outcomes.

QUESTIONS?

Shyra Merila, LPC Deputy Director Clatsop Behavioral Healthcare

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10 Minute Break

Angel’s Rest Trailhead

Kelli Bosak Presentation

BH Workforce Shortage Solutions from Outside Oregon

BH Workforce Shortage Solutions from Outside of Oregon

A presentation for the HB2235 Workgroup
August 21, 2024

Kelli Bosak, LCSW
Three Rivers Health Center
Coos Bay, Oregon

The House Bill (HB) 2235 Workgroup is charted to study the major barriers to workforce recruitment and retention in the publicly financed behavioral health system in this state and produce recommendations for improvement.

Goals

- Provide examples of state-based workforce initiatives in the publicly-financed behavioral health systems outside of the state of Oregon.
- Emphasize financial investments versus policy actions in the examples of other states' actions.
- Examples are provided from:
  - Colorado
  - Ohio
  - New Jersey
  - Washington
  - National recommendations
- Discuss financial and policy strategies to address critical and long-term workforce shortages from other states.
- Share strategies that address diversity, equity, and inclusion in workforce shortages.

Reminders

Oregon Health Authority has already allocated more than $1.35 billion in funding that the legislature appropriated for the 2021-2023 biennium. Within these allocations, OR has already invested in…

- Mental Health Workforce & Grants/BH Workforce Initiative $80 million
  - Funding Focus:
    - Clinical Supervision
    - Scholarships
    - Loan Repayment
    - Housing Incentives
    - QMHA Professionals
- Behavioral Health Workforce Stability Grants $132.2 million
  - Funding Focus:
    - Workforce Wages & Incentives

Source: Key Behavioral Health Investments - OHA

Colorado

“Through the intensive collaboration of the stakeholder workgroups in the creation of this strategic plan, one thing was abundantly clear: there is not a one-size fits all solution to the root causes of burnout and retention challenges.”

Colorado

Healthcare Workforce Initiatives at Large in Colorado:

- Focus on workforce pipeline expansion through community colleges and a dedicated AmeriCorps program, Colorado Healthcare Corps, which is managed by the Community Resource Center (a nonprofit focused on capacity building)
- Have dedicated coordination across state agencies through detailed workforce planning.
- Funded Care Forward Colorado which provides zero-cost, short-term training programs at community and technical colleges.
    - In a year or less, trainees can learn skills to become a certified nursing assistant, emergency services professional, and many more professions that are desperately needed in Colorado's healthcare facilities.
    - This could be expanded to behavioral health assistant, technician, peer support roles, and more.

Colorado (CO)

Behavioral Health (BH) Workforce

- CO has taken an “assertive approach” by partnering across agencies and communities to address BH workforce shortages. CO has developed a multitude of creative partnerships and coordination necessary to address the complex issue of workforce shortages.
- CO General Assembly invested $36 million in 2022 in one-time federal stimulus funds to reinforce the BH workforce
- CO has a **Behavioral Health Administration (BHA) that developed a workforce plan aiming to strengthen the career pipeline and publicly fund BH providers, remove barriers from those entering the field, and reduce administrative burdens** impeding entry and retention of workers.
    - “The BHA is a new cabinet member-led agency, housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.” Link: https://bha.colorado.gov/

Colorado (CO)

CO BHA's 2022 Behavioral Health Plan

- Workforce Development Efforts that were allocated funding:
  - Expand peer support and pilot the behavioral health aide model
  - Paid internships and pre-licensure stipends
  - Career pipeline development grants
  - Behavioral health learning academy
  - Behavioral health apprenticeships
  - Innovative retention grants and recruitment strategies for BH employers
  - Community engagement and promotion of workforce opportunities
  - Involving employers and providers early in the workforce development process
    - CO identified that in the absence of an adequate workforce, providers often develop their own job descriptions and qualifications, which leads to a patchwork of terminology used to describe similar roles and causes confusion about services from which providers can bill to Medicaid.

Colorado (CO)

One approach taken is to fund and pilot the Certified Behavioral Health Aide program developed in Alaska.

- This model was developed to provide job opportunities in rural and frontier areas, and address significant health disparities.
- A Behavioral Health Aide is a counselor, health educator, and advocate that comes from and has connections to the community where they are working.
- Behavioral Health Aides help address individual and community-based needs related to alcohol, drug and tobacco abuse and mental health concerns such as grief, depression, suicide, and similar issues.
- They are members of clinical care teams and social service agencies and can work in inpatient, residential, and outpatient settings.
- Behavioral Health Aides help clients navigate the system, build health literacy and self efficacy, and connect culturally with clients.

Colorado (CO)

Paid Internships & Pre-Licensure Stipends

- In coordination with partners in higher education, funding will be allocated to qualified individuals to support the completion of internships and prelicensure requirements.
  - Schools will be responsible for determining eligibility based on criteria established jointly between the BHA, CDHE, and community representatives.
- Two primary parameters guide this effort:
  - Providing support to students from historically excluded communities
  - Prioritizing students who are completing internships and pre-licensure training in settings that serve people with adverse life experiences.

Allocation of $36 million in CO BHA funding…

Peer Support Professionals	$5.9 million
Behavioral Health Aid Program Development	$3.7 million
Paid Internships & Pre-licensure Stipends	$6 million
Career Pipeline Development Grants	$7.9 million
Behavioral Health Learning Academy	$4.8 million
Behavioral Health Apprenticeships	$1 million
Innovative Recruitment Strategies and Retention Grants for BH Employers	$4.5 million
Community Engagement and Promption of Workforce Opportunities	$2 million
BHA Workforce Development Program Efforts	$880,000

Ohio

A government report found that the **demand for behavioral health care services in Ohio increased 353%** from 2013 to 2019, while the **BH workforce only grew by 174%.**

[Note this is pre-pandemic]

Ohio (OH)

In 2023, the Ohio General Assembly used American Recovery and Prevention Act funds to grow its BH workforce.

- Total investment: $83 million of federal funds
- Initiatives:
  - Paid internships and scholarship opportunities for students earning BH certifications and degrees at Ohio's two- and four-year colleges and universities and other educational career development settings
  - Remove financial barriers from obtaining licenses, certifications, and exams necessary for employment in these careers
  - Financially support providers in their ability to supervise and offer internships and work experiences
  - Establish a technical assistance center to help students navigate the federal and state funding opportunities

Ohio (OH)

In addition, Ohio took a granular approach to analyze behavioral health demand and workforce supply which allowed it to focus efforts on key areas of workforce demand/shortage in the state.

In 2020, Ohio's Department of Mental Health & Addiction Services (MHAS) provided $3 million in grants to OhioMHAS-certified community behavioral health centers (CBHCs)

- Funds supported CBHC-led recruitment and retention efforts
- In a follow-up investment, OhioMHAS provided 115 CBHCs with up to $50,000 in one-time retention incentives for frontline staff.

Ohio (OH)

The Ohio Great Minds Fellowship launched in 2023.

At Ohio's two-year and four-year colleges and universities, the Great Minds Fellowship is a program available to students within two years of graduating with degrees or certificates in social work, marriage and family therapy, mental health counseling, psychiatric/mental health nursing, and substance abuse/addiction counseling.

Through participating colleges and universities, Great Minds Fellows will be eligible for up to $10,000 during the undergraduate and graduate studies to assist with costs of degrees/certificates, **paid internships in CBHCs**, licence/certification preparation and exams, and other costs.

Ohio (OH)

Similar to Colorado, Ohio developed a uniting body to focus on BH workforce development.

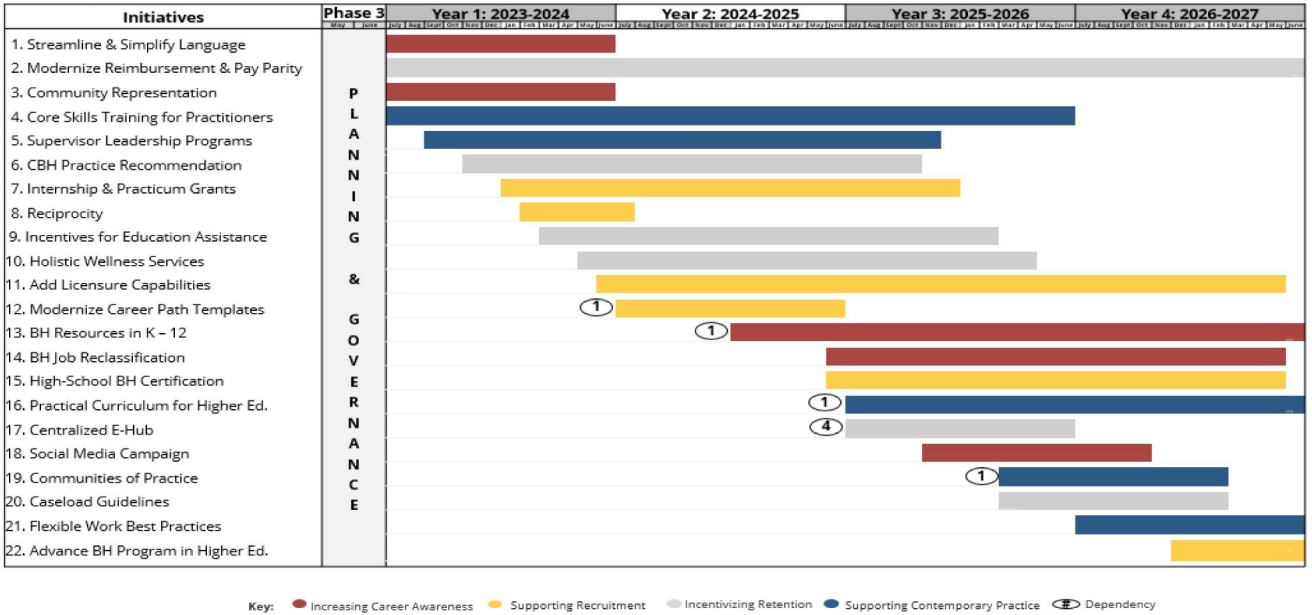
In Ohio, this is the Behavioral Health Workforce Council, which brings together a cross-section of agencies, providers, employers, and chambers of commerce to drive workforce development strategies in BH.

In addition, Ohio's Governor Mike DeWine prioritized building Ohio's "Wellness Workforce" which focuses on workforce wellbeing, technical assistance, pipelines, and career pathways.

Ohio (OH)'s BH Workforce Roadmap

Roadmap

The Advisory Council prioritized 22 Initiatives and sequenced them across 4 State Fiscal Years represented as a roadmap.



*Picture of Roadmap provided as a PDF & Printout

Source: https://mha.ohio.gov/know-our-programs-and-services/wellness-workforce/workforce-roadmap/workforce-roadmap

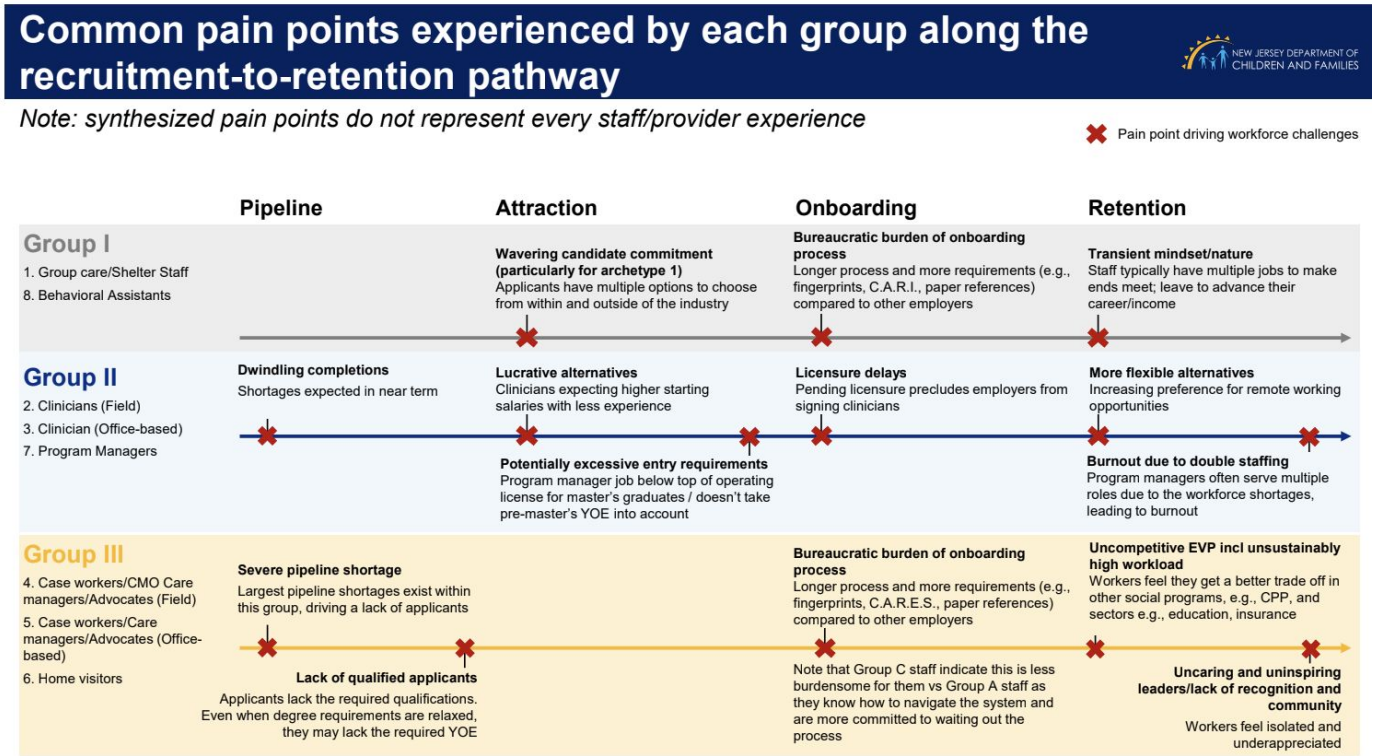
New Jersey

New Jersey (NJ)

New Jersey Department of Children and Family Services (DCF) hosted a series of webinars on Labor Market Analysis in 2023. In this presentation, they share 3 categories of potential strategies based on potential estimated opportunity size and feasibility to reduce the supply/demand gap for the provider workforce:

1. Provider innovations to encourage now
2. Reimagining care delivery model and standards by DCF
3. Evaluate possible partnerships to accomplish

New Jersey (NJ)



New Jersey (NJ)

Each lever's opportunity size was estimated and then its feasibility was assessed on three dimensions: DCF's control, swiftness of impact, and funding requirements

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

\+ Small (< 300 additional staff/year)
\+ + Medium (300-1000 additional staff/ year)
\+ + + Large (> 1000 additional staff/year)

Low feasibility
Medium feasibility
High feasibility

Illustration of opportunity sizing and feasibility assessment approach

Potential opportunity sizing		Feasibility assessments			
Symbol	**Range**	**Symbol**	**DCF control**	**Swiftness of impact**	**Funding requirements**
+	Intervention could likely yield **<300 additional staff/year** to the DCF provider network	○	Intervention requires **complex multistakeholder collaboration** beyond DCF and its provider network	Intervention likely requires **>30 months** to implement and observe impact	Intervention likely requires **large funding**, and its potential impact is correlated with the size of committed investment
+ +	Intervention could likely yield **300-1,000 additional staff/year** to the DCF provider network	◐	Intervention requires some **collaboration between DCF** and **its provider network**	Intervention likely requires **<30 months but >12 months** to implement and observe impact	Intervention likely requires **some allocated funding** to implement
+ + +	Intervention could likely yield **>1,000 additional staff/year** to the DCF provider network	●	Intervention which DCF can **implement unilaterally** or almost unilaterally	Intervention likely requires **<12 months** to implement and observe impact	Intervention likely **does not require significant investment** beyond administrative costs
Correlated with size of investment	Opportunity size and impact **largely dependent on the amount of funding invested** into the initiative				

NJ identified levers that have a large potential opportunity size

1. Streamline the onboarding process overall, including licensing
2. Adjust entry-level requirements for program managers (career progression)
3. Offer on-the-job trainings and certifications
4. Attract out-of-state providers and facilitate license reciprocity
5. Create **returnship** programs and extend grants/scholarships to professionals who want to re-enter the workforce after an extended period of time
6. Create social service opportunities and commitments from high school students via internships and pre-college career fairs
7. Leverage telehealth
8. Require social service in high-need counties

Washington

R2022 WA workforce report

Recruitment and Retention

- Strengthen and fund loan repayment programs, including the established Washington Health Corps, that incentivize direct (clinical) behavioral health service provision.
- Provide financial support and other incentives to those pursuing careers in behavioral health.
    - Funding should be appropriated for grants providing COVID-19 pandemic-specific **retention bonuses to be allocated to community behavioral health workers**.
- Convene education programs with behavioral healthcare providers to identify mismatches between the skills of graduates/completers and expectations of employers.
- Improve behavioral health literacy as a foundation for healthcare careers.
- Reduce paraprofessional care worker turnover and improve diversity by **creating career pathways and opportunities for certification of behavioral health and other paraprofessional roles**.
- **Reduce barriers to behavioral health employment related to criminal background checks and disqualifying crimes**.

Recommendations from WA workforce reports

Reimbursement

- Increase the Medicaid reimbursement rate.
- Examine the way capitation rates are set to create a rate that better reflects the true cost of care and regional impacts; explore implementation of alternative payment models.
    - Explore hybrid model of up front, monthly per beneficiary payments and fee-for-service payments for publicly-funded behavioral health programs. Regular, monthly payments provide more certainty to support robust primary care/CBHC teams and changes to workflows.
- Develop and implement a funding mechanism that recognizes and supports community BHAs for performing a significant training function required for behavioral health workers to obtain their educational degree or completion of a registered apprenticeship and their clinical licensure.
- Expand the list of professions eligible to bill as mental health providers.

Recommendations from WA workforce reports

Education and Training

- Evaluate the ability and capacity of behavioral health agencies that are providing behavioral health services to implement training programs, including registered apprenticeships.
    - Multiple Universities are developing a Behavioral Health Support Specialist (BHSS) role and certification rpogram. The legislature has provided funding to make BH apprentice programs possible for these roles.
    - The new behavioral health apprenticeships include a $1 per hour increase for staff who serve as an apprentice mentor to help incentivize staff to take on this role.
    - Developed state-wide conditional grant program for master's level mental health counseling. Following graduation, grant recipients have a three-year obligation to work at a community BH agency in the state.
- Expand the role for peer counselors in Washington to support emergency services/ first responder departments.
- Expand access to Washington's Integrated Basic Education and Skills Training (I-BEST) Program teaching model, and encourage additional programs that include behavioral health occupations.
- Create early experiences to help behavioral health occupations students identify career goals could increase graduates ' job match success.

Recommendations from WA workforce reports

Licensing

- Review the incentives for Licensed Mental Health Professionals (LMHPs) to become certified as Substance Use Disorder Professionals.
- Simplify licensure requirements for established professionals moving to Washington.
    - **SB 5054 (2019) streamlined Washington's licensure processes for experienced behavioral health clinicians licensed in other states and created a crosswalk of portability/reciprocity requirements from other states**. The probationary license rules for mental health counselor, marriage and family therapist, social worker, or psychologist have been successfully implemented. However, the resulting process retained more steps and paperwork than stakeholders had hoped. The process could still be streamlined, and behavioral health agencies report applicants can wait months to receive their license.
    - The tension between the need to ensure public safety and quality of care of behavioral health services, and the need to ensure enough access to providers, is a persistent issue in the field of behavioral health. To address this issue would require focused, structured engagement between regulators and the licensee community in order to create consistency and simplify licensure requirements.

Recommendations from WA workforce reports

Supervision

- Assess the impact of current supervision requirements on size, distribution, and availability of select occupations in the behavioral health workforce.
    - Washington should monitor the impact of the national conversations regarding interstate licensure compacts and look for ways to align supervision hours. This may result in reductions for some professions.
- **Expand and incentivize supervision programs, and structure funding to promote new models.**
    - Suggested action: Determine the feasibility of **creating a generalized behavioral health supervisor qualification to oversee training of a variety of behavioral health occupations, possibly an agency affiliated supervisor to support community mental health agencies in their training role**.
- Remove barriers to effective tele-precepting for supervision in clinical education and pre-licensure settings.
- Identify, promote, and support competency-based evaluation methods.

Recommendations from WA workforce reports

Care Integration

- Encourage Managed Care Organizations (MCOs)/health plans and Behavioral Health Organizations (BHOs) to contract with credential licensed community behavioral health agencies.
- Increase the confidence of primary care providers, including physicians, Advanced Registered Nurse Practitioners (ARNPs), Physician Assistants (PAs), and pharmacists to use their full prescriptive authority for psychiatric medications.
- Promote an increase in acquisition of behavioral health competencies among the broader health workforce, with an emphasis on the primary care workforce.
    - This topic still needs attention, as primary care clinics continue to encounter challenges in hiring behavioral health staff due to the overall need for behavioral health workers, as well as licensing issues.

Other States

HMA/National Council for Mental Wellbeing

- Leverage stimulus funds by **creating infrastructure and training to shift to value-based payment and alternative payment models** that lead to long-term sustsainability for providers (shifting away from fee-for-service models)
- Explore legislation to expand eligibility for the **Rural Health Practitioner Tax Credit** to include behavioral health providers, creating parity between physical and behavioral health providers.
- Identify opportunities to leverage innovative financing models such as **Career Impact Bonds (CIBs)** which offer a holistic financial model that pays for the cost of a training program and wraparound services on behalf of the student.

HMA/National Council for Mental Wellbeing

- Support state level technical assistance models that focus on integrated care, such as behavioral health providers working in primary care and the psychiatric consultation model (collaborative care management). **Reducing regulatory and administrative rule paperwork requirements will increase BH provider time delivering services.**
    - **Paperwork demands for BH are far more expansive than other health care disciplines and as a result reduce provider time for service delivery and limit innovations in improved and alternative forms of access.**
- State government support for Graduate Medical Education (GME) has been vital to supporting medical education, however there has not been parity enforcement in extending this support to behavioral health education.
    - For example, OHSU trainings do not offer continuing education credits for LCSWs.
    - Examples of GME include psychiatry residency and other fellowships for medical professionals.

Key Takeaways and Questions

Key takeaways

- All states have critical shortages. OR has to be assertive and look to other states in order to remain competitive.
- Oregon has relatively few colleges and universities issuing bachelors and masters level degrees and must lean more heavily on attracting newcomers, retaining Oregonians, and reengaging professionals in the publicly-funded field.
- Expand alternative and value-based payment models to the publicly-funded workforce that cover the costs of complex care and fee for service
- Align scholarships and paid internships with critical shortage areas in the publicly-funded BH workforce
    - Develop state-wide conditional grant program or fellowship for master's level mental health counseling. Following graduation, grant recipients have a three-year obligation to work at a community BH agency in the state.
- Multiple states have funded a dedicated BH Workforce Office or Council specifically tasked on leading and building leadership capacity throughout their state to address BH workforce shortages and create pipelines
    - Other states also include a training or learning academy for BH at the state level, which also serves as a one stop shop for people interested in BH careers
    - This can reduce the "who does what?" and "I didn't know about that?" issues we have experienced in this workgroup

Key takeaways

- States are innovating by creating pipelines and training programs for new roles such as Behavioral Health Aides or Behavioral Health Support Specialists
- States are creating marketing plans related to behavioral health, such as “Colorado Cares” or Ohio’s “Wellness Workforce”
- The cost of administrative and regulatory burden is high; this workgroup could recommend that the state invest in quantifying the cost of burden and either compensating agencies through new payment models to incentivize time spend delivering services or reimbursing the agency for the time spent.
- Leverage technology including telehealth, AI, and investing in electronic systems that are improve efficiency to enhance time spent delivering direct services
- This workgroup should issue recommendations that consider:
    - feasibility (potential for OHA control)
    - opportunity size,
    - swiftness of impact, and
    - funding (available or needed)

References

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Washington Workforce Training & Education Coordinating Board. *2022 Behavioral Health Workforce Assessment: A report of the Behavioral Helath Workforce Advisory Committee.* https://www.wtb.wa.gov/wp-content/uploads/2022/12/BHWAC-2022-report_FINAL.pdf

Wrap up/Next Steps

- Next Meeting – September 4, 2024 1pm - 3pm
  - Recommendations voting starts! ☺
    - Voting process will be sent 1 week prior to 9/4 meeting
  - Previous meeting minutes vote (8/7 and 8/21)
- Policy Academy Updates