

Behavioral Health Provider Listening Session

Tuesday, July 22, 2025

1:30 to 2:30 p.m.

Behavioral Health Provider Call Agenda

Subject	Who
<ul style="list-style-type: none">• Introductions, Welcome, Overview of the Agenda	<ul style="list-style-type: none">• Enos Mbajah• Teresa Claycamp
<ul style="list-style-type: none">• BH ECHO Series• TelePain Series	<ul style="list-style-type: none">• Dr. Jennifer Ericson, SO• Jacob Gross, MD• Cara Towle
<ul style="list-style-type: none">• Recruitment and Retention ToolKit• SUD Organizational Development Assessment (SODA)	<ul style="list-style-type: none">• Tasha Irvine• Milena Stott• Sheryl Schwartz
<ul style="list-style-type: none">• Medicaid Updates	<ul style="list-style-type: none">• Enos Mbajah• Teresa Claycamp



TBI-BH ECHO

Traumatic Brain Injury - Behavioral Health ECHO
UW Medicine | Psychiatry and Behavioral Sciences



Building Community Partnerships for ECHO

Jennifer M. Erickson, DO
University of Washington

Agenda

1. Describe why TBI is important to consider
2. Describe the ECHO programs
3. Questions



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Traumatic Brain Injury – Behavioral Health ECHO

WHY a TBI-BH

ECHO?

- The numbers:
 - Nationally: TBI accounts for 2.8 million emergency department visits per year
 - WA State: ~130,000 TBI-related ED visits (2016-18)
 - Nationally: TBI contributes to 1/3 of all injury related deaths
 - WA State: ~145,000 currently live with a long-term disability resulting from TBI
 - 1 in 3 patients continue to have impaired functioning 10 years post-TBI
 - Chronic TBI-related disabilities are largely attributable to behavioral factors
- The patients/survivors: (PTSD, depression, anxiety, irritability, impulsivity, anger/aggression, substance misuse, and cognitive impairment)
 - Persisting TBI symptoms → increased risk of unemployment & functional impairment/decline, AND caretaker burnout
 - Successful TBI recovery can depend on access & adherence to behavioral health treatment
 - Early identification/intervention improves outcomes
- The treatment:
 - COMPLEX! Often falls to community providers with little support or training to manage this care
 - Disproportionally affects rural providers
 - Community resources are scarce and fragmented

What is Project ECHO?

- Project ECHO (Extension for Community Healthcare Outcomes)
- Developed at the University of New Mexico
- It started in 2003 by Dr. Sanjeev Arora
- In their own words:
 - <https://www.youtube.com/watch?v=0kPPgbjA5to&t=72s>



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About Project ECHO[®]

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model[™] is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

Project ECHO is a movement to improve the lives of people all over the world.

ECHO Model

Moving Knowledge Not People

Project ECHO transforms the way education and knowledge are delivered to reach more people in rural and underserved communities.

This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinicians through teleECHO[™] programs. Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.

People get the high-quality care they need, when they need it, close to home.

1. Use Technology to leverage scarce resources
2. Share “best practices” to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes


For more information on Project ECHO visit echo.unm.edu

Literature on ECHO

400+ references

https://digitalrepository.unm.edu/hsc_echo_bibliography/index.2.html

Home > HSC > Research > HSC Centers > HSC_ECHO > HSC_ECHO_BIBLIOGRAPHY



PROJECT ECHO
BIBLIOGRAPHY

The articles are linked to their place of origin. As long as the HSC Library has a current subscription, the article will be available. Otherwise, please use the reference information to find out more specific details.

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Jump to:
2021

Submissions from 2021

- [Link](#) [Spreading addictions care across Oregon's rural and community hospitals: mixed-methods evaluation of an interprofessional telementoring ECHO program](#), Honora Englander, Alisa Patten, Rachel Lockard, Matthew Muller, and Jessica Gregg
- [Link](#) [Strengthening Digital Health Technology Capacity in Navajo Communities to Help Counter the COVID-19 Pandemic](#), Melissa Begay, Monika Kakol, Akshay Sood, and Dona Upson
- [Link](#) [Telemedicine and ethics: opportunities in India](#), Jitender Aneja and Sonam Arora
- [Link](#) [The impact of project ECHO on physician preparedness to treat opioid use disorder: a systematic review](#), Hunter M. Puckett, Jenney S. Bossaller, and Lincoln R. Sheets
- [Link](#) [The Palliative Care—Promoting Access and Improvement of the Cancer Experience \(PC-PAICE\) Project in India: A Multisite International Quality Improvement Collaborative](#), Karl A. Lorenz, Jake Mickelsen, Nandini Vallath, Sushma Bhatnagar, Odette Spruyt, Michael Rabow, Meera Agar,



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ECHO Model Considerations

- Educational series — CME considerations
- Case consultation — No assuming care
 - Local hospital legal teams for group running ECHO, should be contacted
 - Our initial said no consults from outside the state
 - Now consult are ok but prohibited for 1 to 2 locations



Why apply this model to TBI

“all teach, all learn”

- Much of TBI management has a limited evidence base but best practices are evolving.
- Community strategies can be just as effective as academically based for some issues.
- TBI is a common cause of disability in the US
- TBI can touch every facet of healthcare



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Outreach Identified Additional Curriculum Topics

Planned Sessions

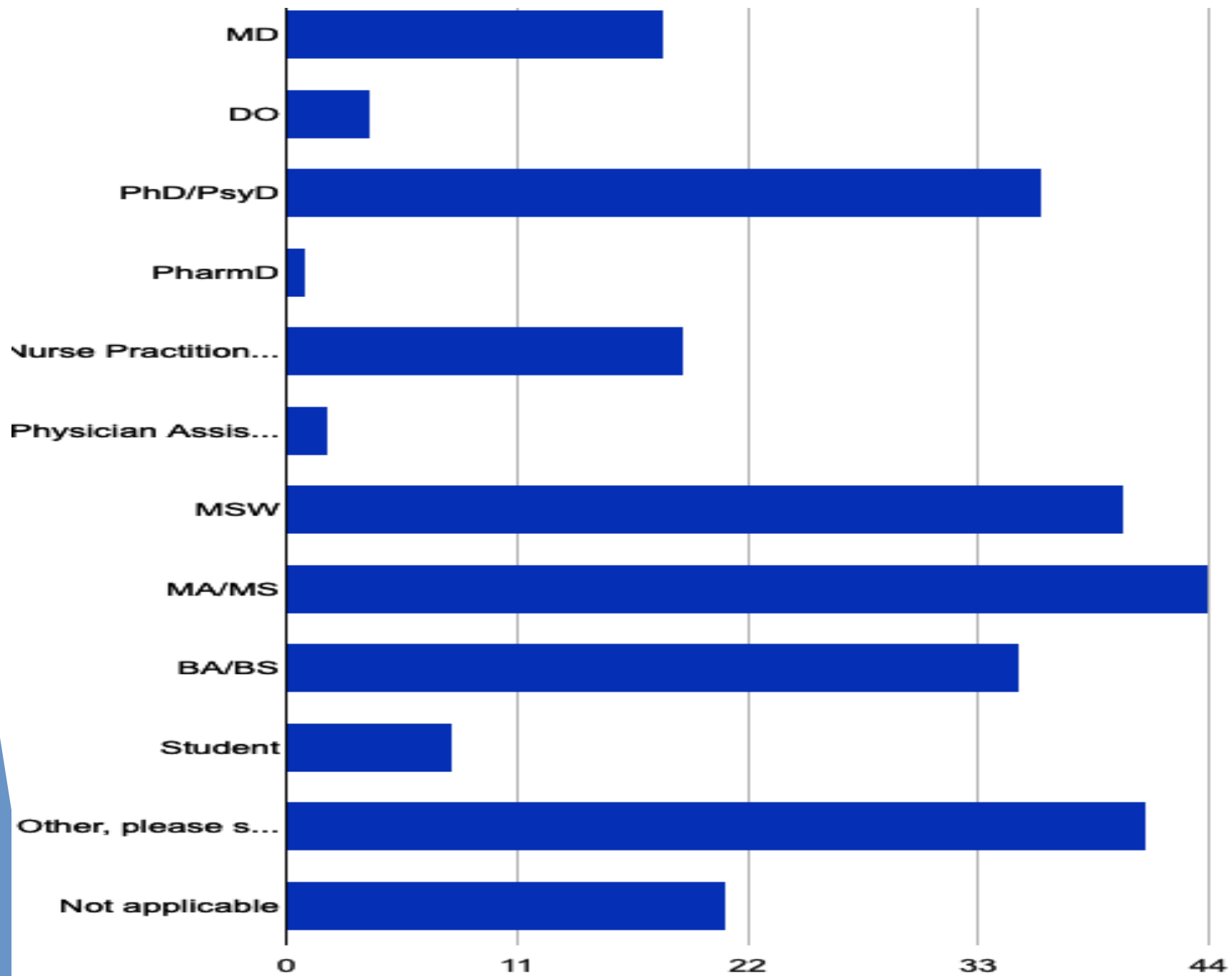
TBI Identification
Persistent symptoms after
concussion
Post-TBI Depression
Post-TBI Anxiety
TBI & PTSD
Post-TBI AUD
TBI & Bipolar/Psychosis
TBI & Sleep disturbance
TBI & Cognitive impairment
TBI & CTE/Neurodegenerative d/os
TBI & Anger/irritability
TBI & Headache/Pain management

NEW DISCOVERED NEEDS

Apathy, Fatigue & TBI
Movement disorder after TBI
Treating seizures & psychiatric symptoms
TBI & Stimulants
TBI & Cannabis
Chronic post-TBI pain
Sexuality after TBI
Grief/Sitting
Cognitive Rehab
TBI as a chronic condition
TBI & Tele & Apps
TBI & Suicide
Return to work
Return to driving



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ECHO Structure

- 1st & 3rd Friday of the month for 1.5 hrs
- Multi-disciplinary panelists
- Case Consultation Available
- Goal to support providers treating and managing post-TBI-related Behavioral Health Issues
- Standard ECHO HUB
 - Content experts
 - Facilitator
 - Support Staff



References

- <https://hsc.unm.edu/echo/>
- <https://tbi-bh-echo.psychiatry.uw.edu>



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Questions?



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Introduction to Two New Tools: Recruitment and Retention Toolkit for Behavioral Health Organizations & SUD Organizational Development Assessment (SODA)

Behavioral Health Provider Call

July 22, 2025

Tasha Irvine & Milena Stott, Principle Allies with UW Medicine Behavioral Health Institute

Background for Both Tools

- ✓ Developed through partnership between the Washington State Health Care Authority (HCA) and the [UW Medicine Behavioral Health Institute at Harborview \(BHI\)](#)
- ✓ Engaged regional providers in development and testing
- ✓ Compile practical, easy-to-use information, tools & resources
- ✓ Can be used independently or in a facilitated setting
- ✓ Not intended to address broader system-level considerations

Recruitment & Retention Toolkit Purpose

Support behavioral health organizations with strategies to recruit and retain staff with the ultimate goal of improving behavioral health care services and client outcomes.

Recruiting & Retention Toolkit Organization

- **Section 1:** Organizational Readiness and Capacity (Assessing current efforts and setting priorities)
- **Section 2:** Recruitment (Getting the word out and increasing the size of the applicant pool)
- **Section 3:** Selection (Assessing candidates and making an offer)
- **Section 4:** Retention (Maintaining engagement and employee satisfaction)
- **Appendix:** A list of resources and tools

Section 1: Assessing Organizational Readiness and Capacity

- An initial assessment can help you to:
 - Identify the recruitment and retention challenges that are most pressing for your organization
 - Focus on strategies that address your organization's specific challenges
 - Provide a baseline against which you can track the effectiveness of new strategies
- Focus on a few key metrics that can be tracked over time

Matching Challenges to Strategies

**Challenge/
Intervention
Strategy Matrix**
includes list of
strategies to
address common
challenges

Challenge	Strategy
Few qualified applicants Trouble finding new workers	<ul style="list-style-type: none">• Expand recruitment sources• Inside sources for recruitment• Implement recruitment bonuses• Advertise and implement hiring bonuses• Long-term recruitment strategies• Regional recruitment consortia• Market the organization• Implement internship programs for students
Turnover rates are too high New hires quit in first 3-6 months	<ul style="list-style-type: none">• Inside recruitment sources/recruitment bonuses• Realistic job previews• Improve selection practices• Structured interviewing• Effective orientation

Section 3: Selection

- Selection includes:
 - Assessing an applicant's capabilities (e.g., interview processes)
 - Providing applicants with additional information about the job and organization they are considering (e.g., job preview).
- Successful recruitment ultimately rests on goodness of fit:
 - Finding candidates who meet the organization's needs *and*
 - Who feel the organization and job are a good fit for their goals and priorities

Section 4: Retention

- Strategies for onboarding and training
- Approaches to gathering input from staff, coupled with transparent efforts to address employee concerns and suggestions
- Tools to promote organizational and employee growth and well-being, including:
 - Supporting a sense of purpose in the work
 - Providing opportunities for growth within the organization



Practical Guide for Implementing a Trauma-Informed Approach



Appendix: Example

See Mental Health America's [resources on workplace wellness](#)

SAMHSA provides a [comprehensive set of resources](#) regarding the intersection of trauma-informed care and employee well-being

Contact & Links

HCA Webpage

- <https://www.hca.wa.gov/assets/free-or-low-cost/82-0644-recruitment-and-retention-toolkit.pdf>
- [Recruitment and retention toolkit for behavioral health organizations \(82-0644\)](#)

Sheryl Schwartz

UW Medicine Behavioral Health Institute at Harborview Medical Center
sheryls@uw.edu

SODA Toolkit Purpose

Support SUD organizations in increasing the quality and efficacy of their treatment through holistic organizational assessment, development and training, resulting in an increase in overall wellness and successful SUD recovery for individuals in treatment.

Meets unique needs of SUD Agencies

Barriers to Providing Quality SUD Treatment



Benefits to Organizations

- Internal quality improvement exercise
- Preparation to credentialing process
- Strategic planning or budgeting tool to determine how to invest time/funds, i.e. training, staff, salaries
- Checklist of best practices for startup of new organizations
- Opportunity to demonstrate to MCOs readiness for VBP
- Information for partners on where support is needed on an agency or aggregate level
- Highlights topic areas of highest need for intervention, TA or training development is needed

SODA Toolkit Components

Organizational Assessment

- Total of 29 questions covering six domains.
- Starts with high-level, foundational areas and moves through increasing clinical detail
- Earlier questions set the stage for quality in later question areas.

Implementation Guide

- Step-by-step instructions for self-administration of the SODA assessment
- FAQs

Scoring & Planning Tool

- Scoring spreadsheet with space for noting strengths and opportunities for investment
- Sample completed scoresheet
- Resources available for addressing areas noted in SODA scores

SODA Assessment Domains

1. Organizational Leadership and Infrastructure
2. Finances
3. Workforce Organizational Readiness
4. Clinical Staff Growth and Development
5. Clinical Services and Quality Management
6. Ability to Address Whole-Person Health

SUD Organizational Development Assessment (SODA)

Clear form

The SUD Organizational Development Assessment (SODA) is used to identify business and program barriers that need attention in order to successfully implement quality improvement activities. This SODA tool can be used to create tailored approaches to addressing leadership, financial, staffing, training, and quality improvement strategies that focus on the unique needs of the organization.

Note: All information collected during this process should be kept confidential within the organization and (if there is one) the facilitator of the assessment process. Information will be shared with technical assistance providers only if there is written permission from the organization.

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Date	Agency
<input type="text"/>	
Participant(s)	
<input type="text"/>	
Title(s)	

DOMAIN 1

Organizational Leadership and Infrastructure

Practice areas

1. Leadership

Executive and clinical leadership teams have appropriate business management and clinical expertise.

0 - Key leadership positions have vacancies and/or expertise gaps.

Score:

Notes

1 - Most leadership is junior, with less than 5 years of experience in a relevant clinical or administrative field.

2 - Leadership is a mix of junior and senior staff, with longevity across the team.

3 - Most leadership is senior, with 10+ years of experience.

SODA Tool

DOMAIN 1**Organizational Leadership and Infrastructure**

Practice area	Score	Strengths
1. Leadership	1.0	<ul style="list-style-type: none">- CEO created strong strategic business plan and was tracking KPIs before retirement.- Partnerships are under development to bridge resource and service gaps.
2. Strategic Business Planning	3.0	
3. Key Performance Indicators (KPI) Measurement	2.0	
4. Electronic Medical Records	2.5	
5. Service Accessibility	1.0	
6. Policies and Procedures	2.0	
7. Licensing and Regulatory Requirements	1.0	
Category Average	1.8	
Category Total Score	60%	

Opportunities for Investment

- Interim CEO is temporary, and search is underway.
- Services are not widely accessible due to funding gaps and licensing category.

Recommendations

Identify licenses and funding streams required for care delivery. Initially explore opportunities that build on what you currently do, and then expand based on strategic goals.

Scoring & Planning Tool

Scoring & Planning Tool (continued)

Dependencies

Staffing model
Funding sources
License
Site

Resources & Toolkits

Behavioral Health Agency (BHA) Licensing
Requirements

Quality Improvement Resources

1. Leadership

National Council on Mental Wellbeing Workforce
Solutions Community Tool Box [↗](#)

2. Strategic Business Planning

U.S. Small Business Administration Business
Plan Guide [↗](#)

3. Outcomes Measurement

Behavioral Health Clinical Quality Measures
Tool [↗](#)

4. Electronic Medical Records

SAMHSA Electronic Health Record Adoption [↗](#)

5. Service Accessibility

Emerging Strategies to Ensure Access to Care [↗](#)

6. Policies and Procedures

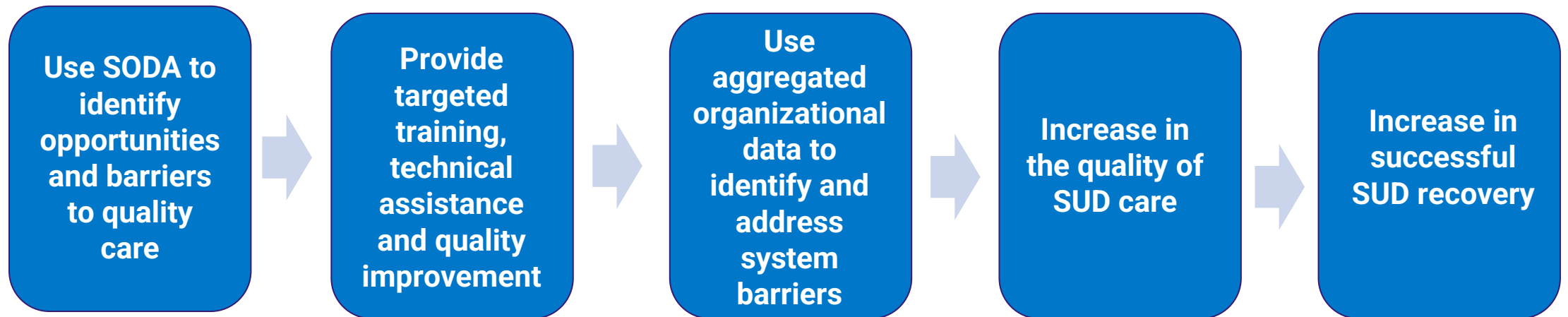
Policy and Procedure Review Tool [↗](#)

7. Licensing and Regulatory Requirements

Behavioral Health Agency (BHA) License
Requirements [↗](#)

Community Behavioral Health Agency Tool kit -
Recovery Housing and FCS [↗](#)

Supporting Person-Centered Recovery Outcomes



Contact & Links

HCA Webpage:

<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/sud-organizational-development-assessment-soda>

[SODA Toolkit](#)

Tasha Irvine & Milena Stott

Principle Allies

<https://principleallies.com/contact/>

What questions do you have for DBHR?

**You are also welcome to send your questions
or comments to
Sandra.Mena-Tyree@hca.wa.gov.**

