

WORKFORCE SOLUTIONS JAM

JULY 16, 2024

Workforce Diversity



Housekeeping

- Please introduce yourself in chat: Name, location, organization
- Engagement is encouraged – please share resources and reflections in chat!
- Welcome and thank you to our ASL interpreters
- A recording and slides will be emailed to you within 48 hours



NATIONAL COUNCIL
for Mental Wellbeing

HMA

 The College for Behavioral
Health Leadership



What is the Workforce Solutions Jam?

A monthly webinar to build national momentum and encourage collaboration through the Center for Workforce Solutions

- Learn innovative new practices
- Stay informed about ongoing efforts
- Engage with subject matter experts
- Hear about new legislation
- Take action!



Agenda

Welcome

Audience Engagement

Presentation & Discussion: Testing Discrepancies

Leadership Development

Next Steps



INNOVATIVE INSIGHTS

Audience Poll





POLL 1

Which of the following best describes you, professionally?

- Licensed therapist
- Pre-licensed therapist
- Other clinician
- Non-clinical professional



POLL 2

What is the overall pass rate on the Association of Social Work Boards (ASWB) Clinical Exam?

94%

88%

72%

57%



POLL 3

What is the overall pass rate for Black-identifying test-takers on the Association of Social Work Boards (ASWB) Clinical Exam?

94%

88%

72%

57%



today:

**Addressing Disparities in
Mental Health Licensure
Exam Success**





Brandon Jones

**CEO
Triad**

Bridging the Gap: Addressing the Racial Disparity in Licensure Exam Pass Rate



Agenda

- Summary
- Licensure Exams Outcome Data
- ASWB Response
- Problem Statement
- Taking Action





Summary: The Gap

We are experiencing an acute and sustained mental health workforce crisis in the United States. Despite the acute need for more clinicians, we lose thousands of licensure-track therapists from the workforce every year due to candidates' inability to pass licensure exams.

And those outcomes are not evenly distributed by demographic: more than 30% fewer Black-identifying test-takers pass their licensure exams than their White-identifying counterparts.

Every newly licensed clinician will support thousands of clients seeking care over their career – so every “lost clinician” means thousands of missed clinical care-giving opportunities. And with those lost clinicians not being evenly distributed by demographic, that loss is also felt disproportionately across those communities that they would have otherwise served.



➤ **Licensure Exams Outcome Data**



Behavioral Health Licensure Exams

Licensure	Exams	Test-Maker	Last Released Outcomes Data
Social Work	ASWB Clinical, Masters, Bachelors	Association of Social Work Boards (ASWB)	August 2022 (published periodically)
Counseling	NCE, NCMHCE	National Board for Certified Counselors (NBCC)	-
Marriage & Family Therapy	NMFT	Association of Marital and Family Therapy Regulatory Boards (AMFTRB)	-
Psychology	EPPP Part 1, EPPP Part 2	Association of State and Provincial Psychology Boards (ASPPB)	-

Source: Association of Social Work Boards. (2022). 2022 ASWB Exam Pass Rate Analysis. ASWB.org. <https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf>



Extended Healthcare Market Licensure Exams

Licensure	Exams	Test-Maker	Last Released Outcomes Data
Nursing	NCLEX	National Council of State Boards of Nursing (NCSBN)	April 2024 (published quarterly)
Psychiatry (and all MDs)	USMLE	Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME)	January 2024 (published annually)
Behavior Analysis	BCBA, BCaBA	Behavior Analyst Certification Board (BACB)	April 2024 (published quarterly)

Sources

- National Council of State Boards of Nursing (2024). 2023 NCLEX Pass Rates. NCBSN.org. https://www.ncsbn.org/public-files/NCLEX_Stats_2023_Q4_PassRates.pdf
- United States Medical Licensing Examination. (2024). USMLE Administration, Minimum Passing Scores, and Performance. USMLE.org. <https://www.usmle.org/performance-data>
- Behavior Analyst Certification Board (2024). BACB Annual Data Report. BACB.com. <https://www.bacb.com/about/bacb-certificant-annual-report-data/>





ASWB Report Overview

- Published in August 2022, reports outcomes over prior year (2021) and prior eleven year (2011-2021) periods
- Reports data separately for each Clinical, Masters, and Bachelors exams
- For each exam, reports the following data for each period:
 - # of test takers
 - First-time test taker pass rates
 - Ultimate pass rates
 - Performance splits by demographic: race/ethnicity, gender, age, and primary language



ASWB Report Details: Clinical Exam First-Time Test-Takers

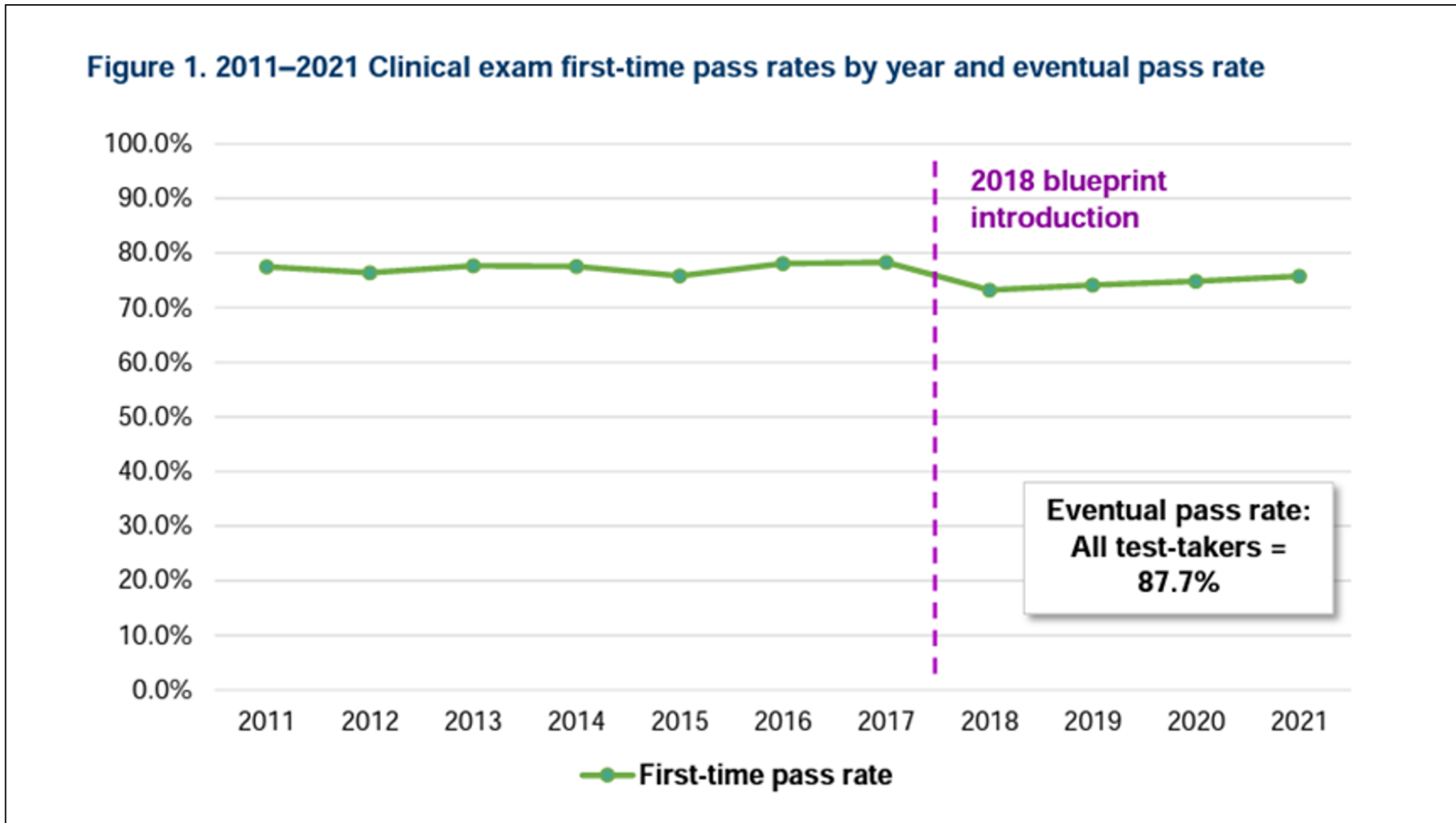
Table 2. 2011–2021 number of Clinical exam first-time test-takers by race/ethnicity

Race/ Ethnicity	In 2011	Proportion of test- takers	In 2021	Proportion of test- takers	Total 2011– 2021	Proportion increase/ decrease 2011–2021
Asian	162	2%	768	4%	4,805	+2%
Black	1,079	12%	2,932	14%	20,858	+2%
Hispanic/Latino	466	5%	2,726	13%	14,988	+8%
Multiracial	119	1%	576	3%	3,423	+2%
Native American/ Indigenous peoples	57	1%	115	1%	911	0%
White	6,855	75%	12,977	63%	105,758	-12%
Total	9,100	--	20,657	--	155,633	--

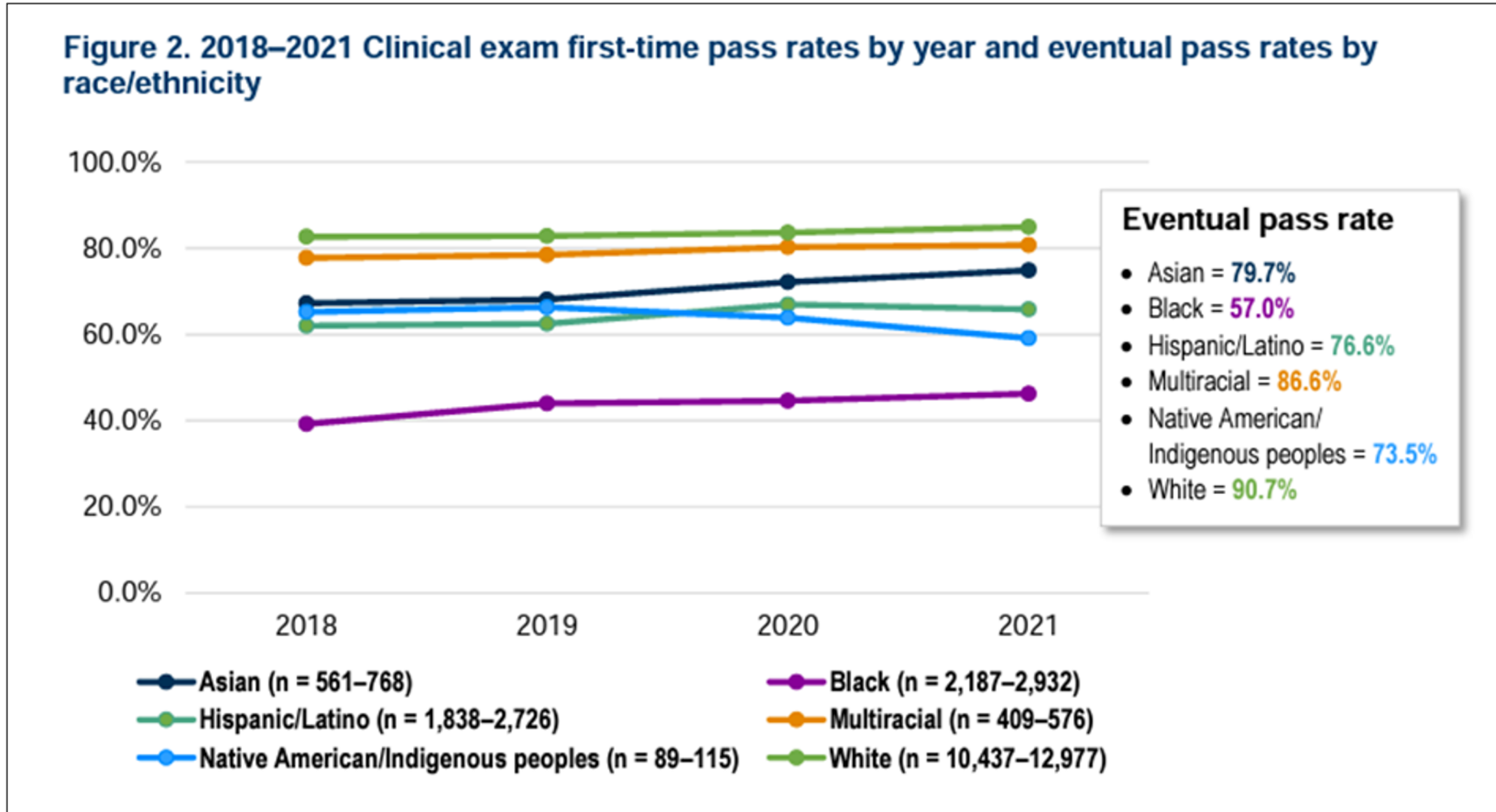
Note. Percentages may not total 100 percent because test-takers who selected options such as Prefer not to say or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.



ASWB Report Details: Clinical Exam Pass Rates



ASWB Report Details: Clinical Exam Pass Rates by Race/Ethnicity



ASWB Report Summary

- Overall pass rates have remained relatively flat over the past four year period, but still lag behind other comparable exams (e.g., NCLEX: first-time pass rate for US-educated test-takers = 90%)
- We are losing thousands of would-be clinicians every year based on failure to pass licensure exams

Period	Clinical	Masters	Bachelors	Total
2021	2542	3052	684	6278
2011-2021	19,143	24,292	7727	51,162

- Given disparity in exam pass rates, “lost clinicians” are not distributed evenly across demographics

Population (2021)	Clinical	Masters	Bachelors	Total
“Lost” Black clinicians	1260	2032	275	3567
% of total test-takers	14%	20%	13%	~15%
% of total “lost”	50%	67%	40%	57%



➤ **ASWB Response**





ASWB Response: Statement from the CEO

“The Association of Social Work Boards acknowledges and calls out systemic and institutional racism, specifically anti-Blackism, as being core to the racial disparities evidenced by the recently released licensing exam pass rate data. While other pass rate disparities exist, the most jarring and disappointing gap is in the rates reported for Black candidates. ASWB stands firm that this revelation does not in any way reflect on the ability of Black candidates to demonstrate competence. Rather it illuminates the historical burdens of racial trauma, marginalization, and social injustice to which Black candidates have been disproportionately subjected along their journey to licensure.”





ASWB Response: Test Changes

- Beginning January 2023, ASWB exam forms started to include a mix of both three- and four-option questions. This has replaced the previously all-four-options multiple choice exam format. The reduction in the number of answer options is, per the ASWB, designed to “offer test-takers a better experience by reducing time pressure and ensuring a focus on a test-taker’s social work knowledge.”
- In January 2023, 12% of questions were shifted to the three-option format; as of early 2024, that number is around 24%.
- The ASWB intends to gradually phase in additional three-option questions moving forward, eventually transitioning fully to three-option multiple choice questions by 2025.





ASWB Response: Test Changes

- Reducing total answer choices from four to three will improve pass rates for Black and other minoritized test-takers...but it also will improve pass rates for White test-takers.
- By reducing the number of answer choices, it makes all questions easier to answer (including “guess”) correctly. This will reduce the “good kind of discrimination” – being able to discern between those who should be passing an exam and those who shouldn’t, irrespective of demographics – without necessarily reducing discriminatory practices.
- Mathematically, it is likely to raise Black test-taker pass rates more than their White counterparts, but only because there is a larger gap to make up.



➤ **Problem Statement**





Problem Statement

One or more of the following things must be true:

1. Unlike in other professional fields (medicine, nursing, law, etc.), there do not need to be measurable standards (as measured by standardized exams) required to achieve licensure in behavioral health.
2. Standardized exams for behavioral health professionals cannot be written in an unbiased way.
3. Test-takers of color cannot perform equivalently with their White counterparts on even unbiased standardized exams.
4. We must make sure that access to education and exam preparation resources are distributed equitably to promote equitable outcomes on standardized exams.



➤ Taking Action





Advocate for Data Transparency

- **No reporting doesn't mean no problems.** Although we only have ASWB data to review and take action against, we suspect similar outcome disparities exist for other behavioral health licensure exams.
- **You can't manage what you don't measure.** There is collective interest in making a difference, but are we? Having regular and reliable data reporting will help us measure the effectiveness of our collective efforts.
- **Advocate for change.** State and national organizations, industry representatives, and individual clinicians can and should advocate for more data transparency from test-makers. They have all the data; so should we.





Educate on Preparation

Across a range of educational testing, three particular things have been demonstrated to improve outcomes the most:

- **Early access.** The best time to start preparing for licensure exams is today. Most successful test-takers prepare for 3–9 months, but preparation can start as early as during grad school.
- **Realistic practice.** Practice doesn't make perfect; perfect practice makes perfect.
- **Accountability partners.** Whether a study group or a 1:1 coach, having someone in your corner can help you stay on track with your preparation.





Provide Equitable Access

...but without equitable access to exam prep, equitable outcomes on licensure exams will be harder to achieve.

We are actively working to shift the cost burden for exam prep from *individuals* to *institutions*:

- **Universities.** Can either pay directly or pass along the cost as a student fee, which can then be paid for through financial aid/student loans (thus deferring the cost to the student).
- **Employers.** Can offer exam prep as a recruitment incentive and/or employee benefit, at a fraction of the cost of a signing bonus.
- **Philanthropics.** Aligns with DEI mission focus of many philanthropic efforts, addressing both behavioral health professionals and the communities they serve.



Exam Prep Pass Guarantee

Pass rate claims exist in the exam prep industry, but unlike other companies, we don't make them. We believe that the only pass rate that matters is yours.

While most of our students pass on their first try, we know that some will need additional preparation (and an additional attempt), so we stand behind our products with a Pass Guarantee.



Pass Guarantee available on all comprehensive packages



➤ Appendix



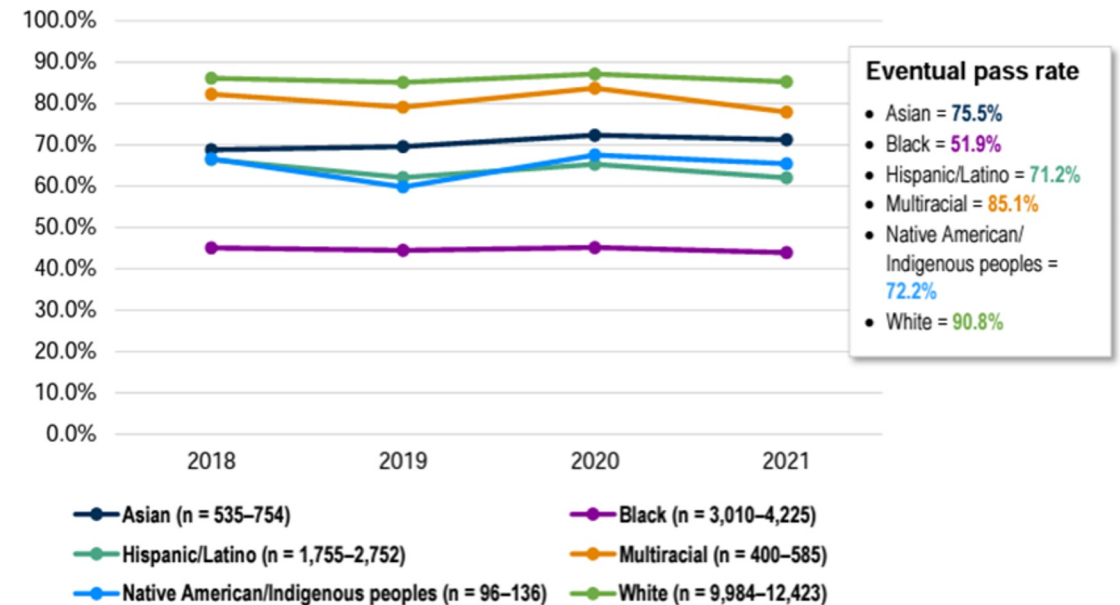
ASWB Report Details: Masters Exam Details

Table 5. 2011–2021 number of Masters exam first-time test-takers by race/ethnicity

Race/ Ethnicity	In 2011	Proportion of test- takers	In 2021	Proportion of test- takers	Total 2011– 2021	Proportion increase/ decrease 2011–2021
Asian	351	3%	754	3%	5,510	0%
Black	1,686	15%	4,225	20%	30,646	+5%
Hispanic/Latino	782	7%	2,752	13%	17,093	+6%
Multiracial	202	2%	585	3%	3,959	+1%
Native American/ Indigenous peoples	66	1%	136	1%	947	0%
White	7,747	69%	12,423	57%	108,550	-12%
Total	11,260	--	21,650	--	172,289	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Figure 9. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by race/ethnicity



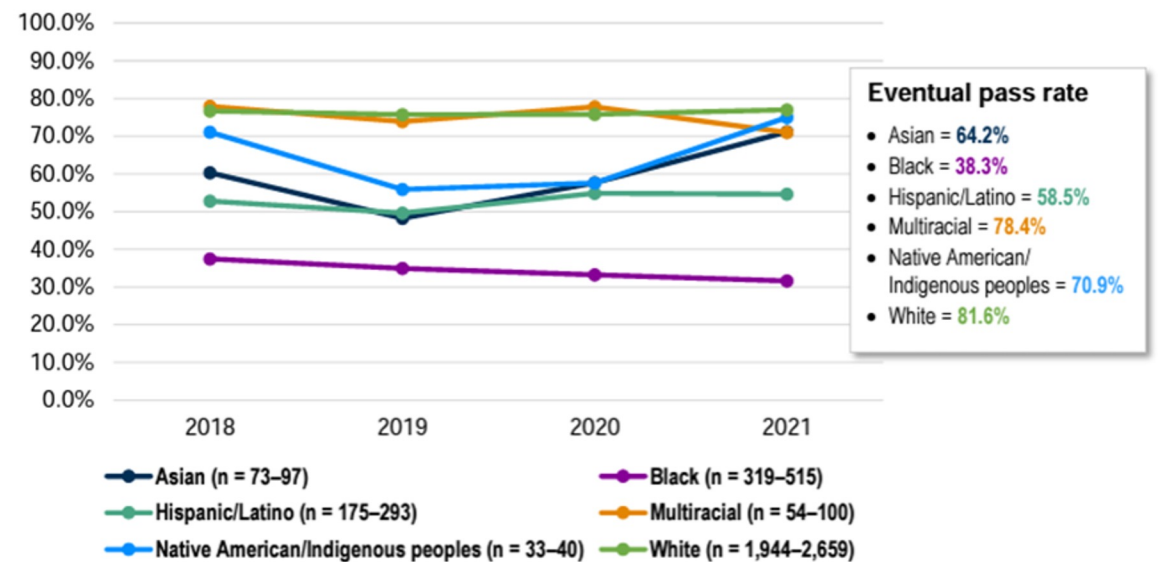
ASWB Report Details: Bachelors Exam Details

Table 8. 2011–2021 number of Bachelors exam first-time test-takers by race/ethnicity

Race/Ethnicity	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Asian	55	2%	97	3%	793	+1%
Black	515	16%	446	13%	5,614	-3%
Hispanic/Latino	174	6%	293	8%	2,634	+2%
Multiracial	36	1%	100	3%	710	+2%
Native American/Indigenous peoples	15	1%	40	1%	313	0%
White	2,308	73%	2,406	69%	28,968	-4%
Total	3,164	--	3,494	--	40,038	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Figure 16. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by race/ethnicity



DISCUSSION

LET'S TALK



LEADERSHIP DEVELOPMENT



NATIONAL
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for Mental
Wellbeing



Dr. Terence Fitzgerald

Consultant, Trauma-Informed,
Resilience-Oriented, Equity-
Focused Services,
National Council for Mental
Wellbeing

National Council for Mental
Wellbeing & Morehouse School of
Medicine's African American
Behavioral Health Center of
Excellence

Executive Advisory Board (EAB)

Ijeoma Achara-Abrahams, PsyD, President, Achara Consulting, Inc.

Lucy Cannon, EdD, LCSW, CCDP-D, MATS, Chief Executive Officer LEJ Behavioral Health Services, LLC

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Nzinga Harrison, MD, Chief Medical Officer/Co-Founder, Eleanor Health

Dietra Hawkins, PsyD, Assistant Clinical Professor, Yale University School of Medicine

Rochelle Head-Dunham, MD, Executive Director/Medical Director, Metropolitan Human Services District, New Orleans, Louisiana

Kisha Holden, PhD, MSCR, Chair in Mental Health/Associate Director, Satcher Health Leadership Institute, Morehouse School of Medicine

Camara Jones, MD, MPH, PhD, Senior Fellow, Satcher Health Leadership Institute/Adjunct Professor, Morehouse School of Medicine

Ayana Jordan, MD/PhD, Assistant Professor of Psychiatry, Yale School of Medicine

Dominic H. Mack, MD, MBA Director, National Center for Primary Care/Professor, Morehouse School of Medicine

Mark Sanders, LCSW, CADC Chief Executive Officer, On the Mark Consulting

Sarah Vinson, MD, Associate Professor, Psychiatry and Behavioral Science and Pediatrics/Director, Child and Adolescent Psychiatry Fellowship Program, Morehouse School of Medicine

National Council for Mental Wellbeing Partnership Members

Tiffany Francis, MJ, PMP

Jana LeBert, MPH

Aaron Williams, MA

Terence Fitzgerald, PhD, MEd, MSW

**Note: SAMHSA Training and Technical
Assistance Centers (TTA)**



NATIONAL
COUNCIL
*for Mental
Wellbeing*

National Council for Mental Wellbeing Partnership

Mission:

- To eliminate disparities and promote health equity is central to increasing access to care for all.

What inspired the collaboration?

- A call to social and racialized justice.

What are the objectives?

- Provide training and technical assistance to organizations and practitioners.
- Challenge efforts toward meeting the needs of the Black community.
- Provide a critical and racialized lens.

Developments

- [Suicide in U.S. Black and African American Communities](#), (public education fact sheet)
- [View from the Field: Recruitment and Retention of African American Males in the Mental Health and Substance Use Workforce](#), (Report)
- Hosted a companion webinar on this topic and another that addresses health disparities in rural areas.

Developments

Black Stakeholders Engagement Council

- Begun recruiting representatives from national African American organizations (Inside & Outside the behavioral health field).

National Strategic Partners

- Increase our geographical reach, our pool of subject-matter experts, and our opportunities for collaboration.

Black Women in Charge: Fostering Greater Racial and Gender Equity in Behavioral Health C-suite Positions

- Workshop, NatCon24

NATIONAL
COUNCIL
*for Mental
Wellbeing*

What About You?

How can we engage in this work?

How can we replicate this work?

How can we further our efforts?



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Link to Resources

1. Transforming Behavioral Health Services for Black and African American Communities

<https://www.thenationalcouncil.org/transforming-behavioral-health-services-black-african-american-communities/>

2. View from the Field Webinar

https://thenationalcouncil-org.zoom.us/rec/play/q5v3YRLahvMqPj7TDbc9PhzOsVl2caiLbz5unEIY1Ar8JRgmzSbe7ypv6NYACdMsEcoKglqqg788ZU0.hJoybKIKO9DVZypk?canPlayFromShare=true&from=share_recording_detail&startTime=1694026874000&componentName=rec-play&originRequestUrl=https%3A%2F%2Fthenationalcouncil-org.zoom.us%2Frec%2Fshare%2FEsib-sGg7S6AlrVS0j4ZHIZ3FUccsAYmBU4YYkay2AEuC6f1WXZSxLYU8QtJGDTQ.kuijGcxwoh5zlrw%3FstartTime%3D1694026874000

3. Black Women In The C-Suite

<https://wbcollaborative.org/insights/black-women-in-the-c-suite/>

4. African American Behavioral Health Center of Excellence

<https://nfs-tac.org/resources/resourceDetails.aspx?resourceID=415>

Resources

1. [Disaster Distress Helpline](https://www.samhsa.gov/find-help/disaster-distress-helpline) is toll-free, multilingual and available 24/7 to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters.
<https://www.samhsa.gov/find-help/disaster-distress-helpline>
2. 8 Tips On How To Handle Difficult Conversations With Employees. Retrieved from <https://blog.vantagecircle.com/how-to-have-difficult-conversations-with-employees/>
3. The Importance of Addressing Social Issues in the Workplace. Retrieved from <https://www.hrexchangenetwork.com/employee-engagement/articles/the-importance-of-addressing-social-issues-in-the-workplace>
4. Coping with Socio-Political Stress from <https://myusf.usfca.edu/caps/self-help-resources/socio-political-stress>
5. How To Take Care Of Yourself This Election Season from <https://www.npr.org/2020/10/28/928782315/how-to-take-care-of-yourself-this-election-season>



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Wellbeing





Ebony Chambers

**Director of Equity-Grounded
Leadership, The College for
Behavioral Health Leadership**

Equity-Grounded Leadership Fellow Program and Executive Coaching

What is Equity-Grounded Leadership?

Equity-grounded leadership is a leadership approach based on a deep understanding of existing disparities, the embodiment of principles such as engagement of co-production and community-driven practices, and integration of data equity-frameworks and culturally responsive approaches. It is essential for advancing health equity outcomes and engaging leadership in the advancement of a diverse workforce.

Principles of Change

- Qualities and characteristics of equity-grounded leaders
- Co-produced with cross-sector behavioral health leaders from across the country
- Three models of engagement:
 - **EGL Fellow Program**
 - EGL Member Leadership Community
 - **EGL Executive Coaching for Organizations**

Understands How Racism and Oppression Show Up in Behavioral Health



Practices Intersectional Allyship



Integrates Data Equity Frameworks and Culturally Responsive Behavioral Health Approaches



Engages in Co-Production and Community-Driven Practices



Demonstrates Transformational Leadership to Improve Communities



Equity-Grounded Leadership Fellow Program

The Equity-Grounded Leadership Fellow Program shifts the focus of cross-sector behavioral health leaders to intersectionality, equity, and anti-racism for behavioral health systems transformation.

The co-facilitated program will:



Cultivate a deep understanding of how inequity is perpetuated by and in the behavioral health system



Support all leaders to step into their own voice, courage, and power



Empower all leaders to thrive as change agents to unravel systemic racism and inequity



Prepare all leaders to take measurable action to create equitable systems

2023-2024 Feedback | Fellow

“One of the highlights for me is that by following the curriculum I’ve been prepared to speak in public meetings and apply for two grants. I credit this program for giving me the confidence and knowledge to do this. It’s been amazing to have personal growth, to gain confidence, and to be together with other people doing amazing work.”

“As a rural, frontier organization my role as DEI manager is new. This program has helped me with the structure for developing an equity-grounded DEI strategic plan with an assessment process that doubles as an evaluation process, which will increase DEI accountability throughout leadership so it is not just on me.”

Fellow Program Components



We learn by doing...



- Fellows work on an experiential projects to advance equity in their organization, community, or region by exploring and identifying an organizational or community need and co-producing a solution
- Fellows are supported to collaboratively design, develop, address challenges, and begin implementation of the project
- Project teams are supported by advisors, facilitators, and evaluators, with continued support through an ongoing Learning Collaborative

Making an impact



Collaboration

Learn by doing through community-driven, meaningful, collaborative projects

- **California** fellows focused on diversity, equity and inclusion in their hiring and retention practices. Fellows collaborated with their advisor and consultants to develop hiring and retention practices that focused on "creating a healthy work environment that is inclusive and diverse and in which people want to work and stay
- An **Ohio** fellow focused on an inclusive anti-stigma and wellness campaign to increase awareness and representation in the recovery
- **Texas** fellows created and implemented a Health Equity Framework – centered on racial justice and language justice and cross-cultural issues – that guides both internal policies and processes, as well as across state and local level policy and practice.

EGL Executive Coaching Program

- Designed for organizations to engage busy leadership teams in EGL
- Cohort-based learning over 8 months
- **Expected outcomes for organizations:**
 - Improve employee engagement & sense of belonging
 - Increase respect and understanding between employees and individuals served
 - Allow for decisions grounded in fairness and equity
 - Improve key performance indicators

For more information, contact:
Ebony Chambers
echambers@leaders4health.org



Melissa Blackwell

**Project Officer, Substance Abuse
and Mental Health Services
Administration**

Minority Fellowship Program Overview

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Minority Fellowship Program (MFP)

Reduce health disparities and improve health care outcomes for racially and ethnically diverse populations by increasing the number of culturally competent behavioral health professionals available to underserved minority populations in the public and private non-profit sectors.



History of The Minority Fellowship Program

In 1973 the Center for Minority Health at the National Institute of Mental Health (NIMH) was alarmed by the lack of mental health professionals who could provide culturally competent care to an increasing racial/ethnic and culturally diverse population, with ever expanding needs for mental health services and research.



The year of 1992, MFP was transferred to the newly formed Substance Abuse and Mental Health Services Administration (SAMHSA)

How to Get Involved: Professional Associations and Major Disciplines

Marriage and family therapy

Nursing

Professional counseling

Psychiatry

Psychology

Social work

Addictions treatment

Grantee Collaboration with Implementing the MFP

- Increase the number of trained professionals.
- Reduce behavioral health disparities.
- Improve outcomes for ethnic minorities.
- Provide financial support for MFP Fellows.
- Provide access to cutting-edge training opportunities.
- Provide resources to MFP Fellows.
- Collect program data to validate the MFP.

Training and TA Activities

Goal: Identify, disseminate, and encourage adoption of promising, best, and evidence-based practices that support resilience and emotional health of underserved minority communities through

- Monthly teleconferences
- Information dissemination through listserv
- Webinars
- Quarterly MFP Newsletter
- MFP Website – Resource Library, Fellow Directory
- Direct technical assistance to grantee organizations

How MFP Works to Improve Workforce / Leadership Diversity

Fellows are required to commit to a minimum of two (2) years of service in racial/ethnic minorities populations after graduation.

- Work to improve behavioral health conditions of ethnic and racial minorities;
- Assist SAMHSA in maintaining program funding;
- Strengthen your professional foundation;
- Give back;
- Help SAMHSA promote the Minority Fellowship Program;
- Participate in the MFP community of learning; and
- Complete All Minority Fellowship Program Surveys.

Improving the Workforce with Youth Mental Health

Discipline	Number of Master's Level Participants	Number of Doctoral Level Participants	Total	Number of Children-Focused Master's Fellows	Number of Children-Focused Doctoral Fellows	Total Children-Focused Fellows
Addiction Medicine	0	4	4	0	19	19
Counseling (including addiction counseling)	83	24	107	46	4	50
Marriage and Family Therapy	49	26	73	49	7	56
Nursing	32	20	52	5	2	7
Psychiatry	0	31	31	0	10	10
Psychology	4	27	31	4	0	4
Social Work	40	25	65	6	5	11
Interdisciplinary	14	33	47	0	3	3
Total	222	190	410	110	32	160

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Contact Me:

Melissa Blackwell, MFPCC COR

240-276-1966

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

DISCUSSION

LET'S TALK

A red circular arrow graphic that starts at the top, goes down the right side, curves at the bottom, and goes up the left side, ending with an arrowhead pointing down. It frames the text on the left side of the slide.

TAKEAWAYS & REFLECTION

We want your feedback!



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/July16JamEval>

Have a suggestion for a future presentation?



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/workforcesolutionsjam>

JOIN US AT THE NEXT
WORKFORCE SOLUTIONS JAM!

August 20, 2024

at 10:00am PT / 1:00pm ET

Payment Reform