

WORKFORCE SOLUTIONS JAM

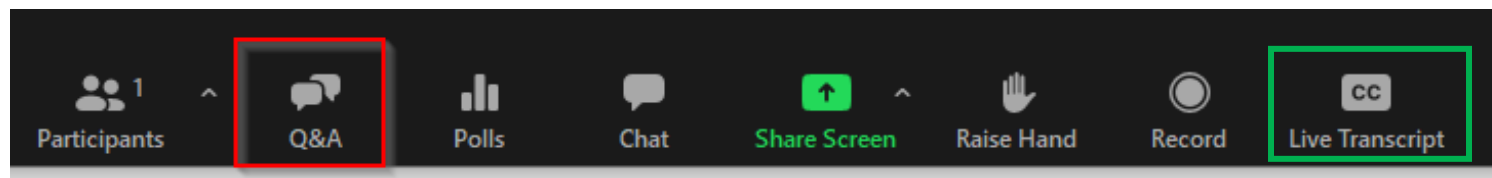
JANUARY 20, 2026

**Extending the Behavioral Health Workforce:
Maximizing Existing Roles**



Housekeeping & Accessibility

- Please introduce yourself in chat: Name, location, organization
- A recording and slides will be emailed to you as soon as they are available
- **Live captioning** is available – click the "show captions" button to see the transcript
- If you have technical difficulty, please chat "Hosts and Panelists" to try to troubleshoot
- **Q&A** is available – click on the Q&A feature to ask a question or upvote



Chat Code of Conduct

Welcome! This is a respectful, inclusive space for shared learning.

Engagement is encouraged – please share resources and reflections in chat!

Please keep comments:

- **Relevant** to the topic
- **Respectful** of all identities and perspectives
- **Free of hate speech, spam or promotions**

Inappropriate comments will be removed.

Thanks for contributing to a thoughtful discussion!





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 Workforce Solutions Partnership

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





today:

**Extending the
Behavioral Health
Workforce:
Maximizing Existing
Roles**



Extending the Behavioral Health Workforce Series



Session 2

**Training the Allied
Workforce**

Tuesday, February 17th



Session 3

**Technology as an
Extender**

Tuesday, March 17th



Session 4

**Lived Experience
as a Resource**

Tuesday, April 21st



Agenda

Welcome

Topic Introduction

Innovative Insights

Panel and Q&A

Next Steps

Chat Waterfall – let's hear from you!



1. Type in your answer in chat
2. Wait to hit enter until we say go!

How do you see extender roles, impacting clinician wellbeing and patient access in your organization?

Example of extender roles:

Medical Assistant

Community Health worker

Care/Case Managers

Behavioral Health Techs

Topic Introduction



Meet Our Panelists



Ken Hopper, MD, MBA

Principal, Hopper Health Strategies and The Hopper Group



Garima Singh, MD, FAPA, CPE, DFAACAP

Chief Medical Officer, Centerstone



Jenna Parro, MHA

Director of Cross System Strategy and Practice, Meadows Mental Health Institute



Anthony Carter* moderator

Director, Practice Improvement and Consulting, National Council for Mental Wellbeing



INNOVATIVE INSIGHTS



Closing the Gap: A Training Model for Behavioral Health Care Managers

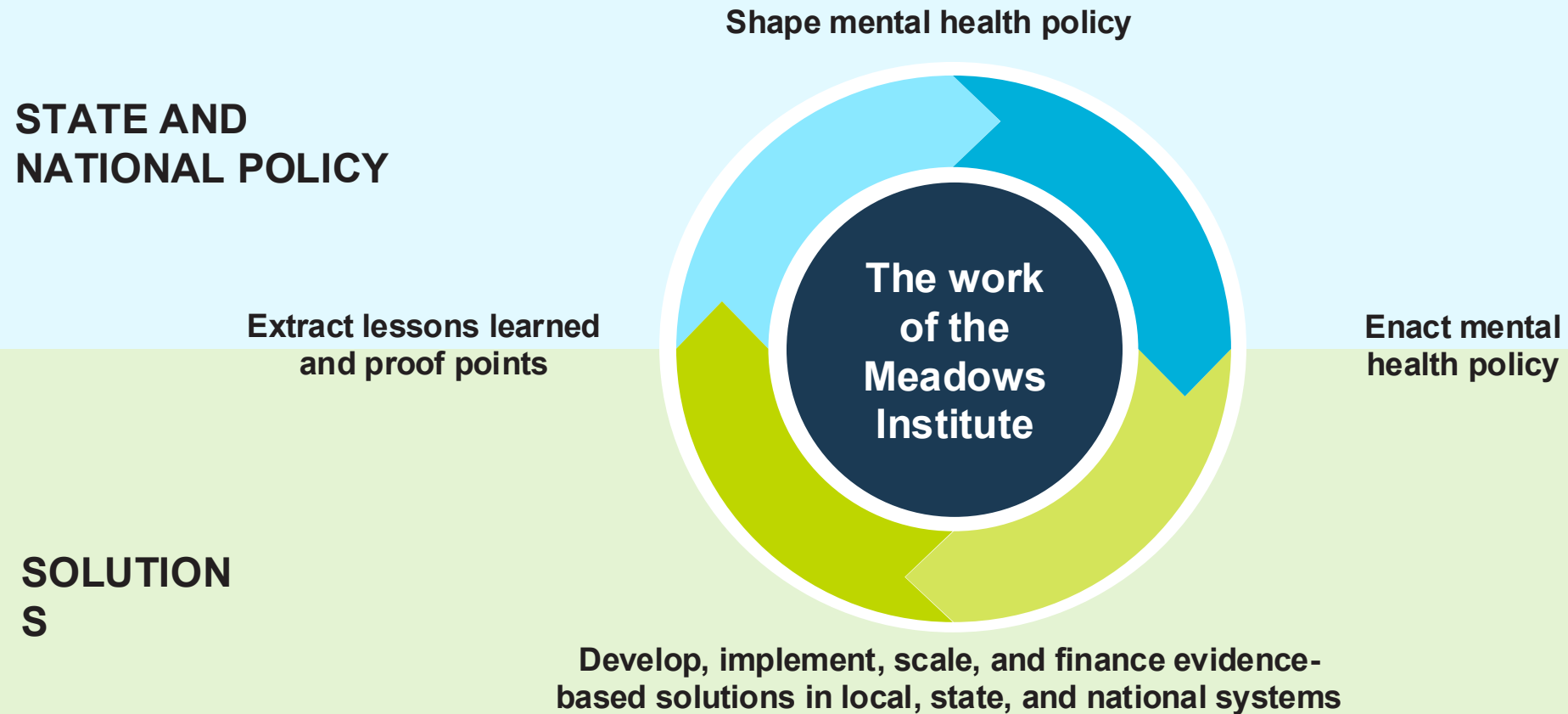
Vision, Mission, Core Change Strategy

Vision: We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement: Independent and nonpartisan, the Meadows Mental Health Policy Institute works at the intersection of policy and programs to create equitable systemic changes so all people in Texas, the nation, and the world can obtain the health care they need.



Our Unique Value: Intersection of Policy & Programs



OUR VALUES

Collaboration and partnership

Data-driven and evidence-based

Innovation

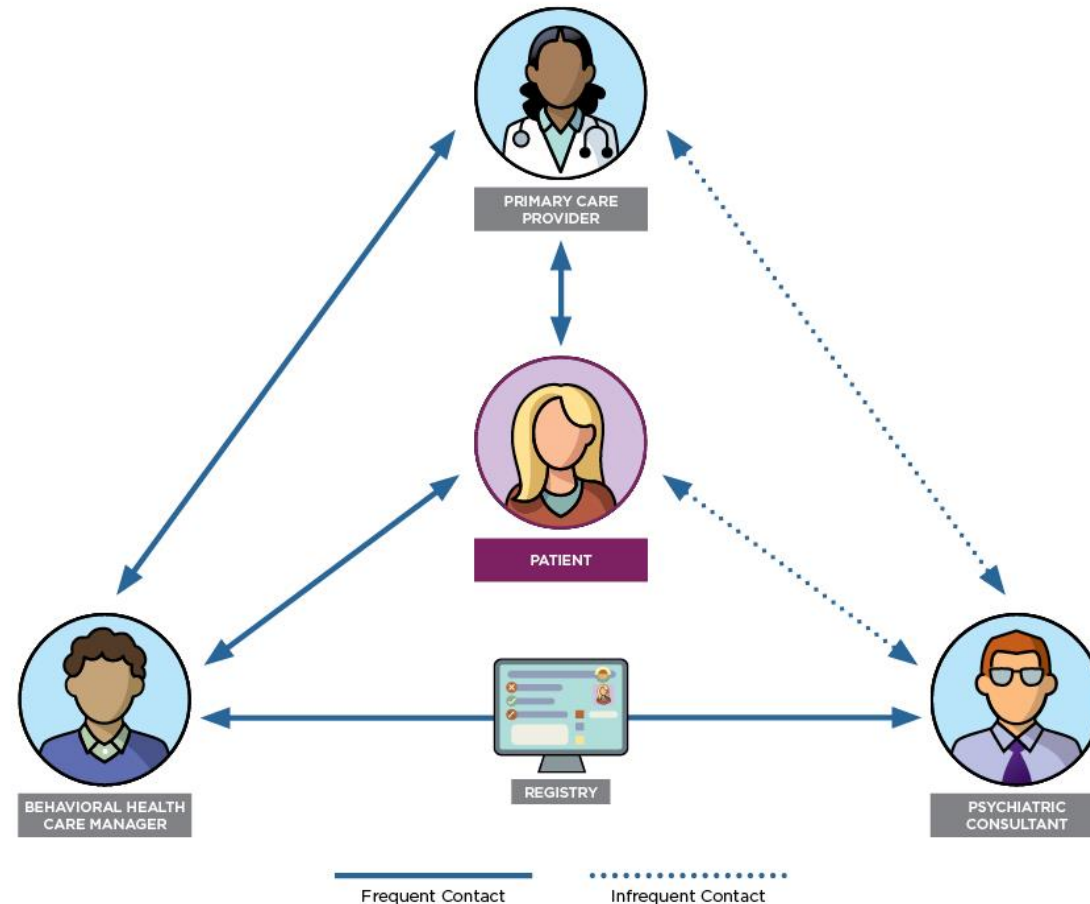
Nonpartisanship

Stewardship

The Collaborative Care Model

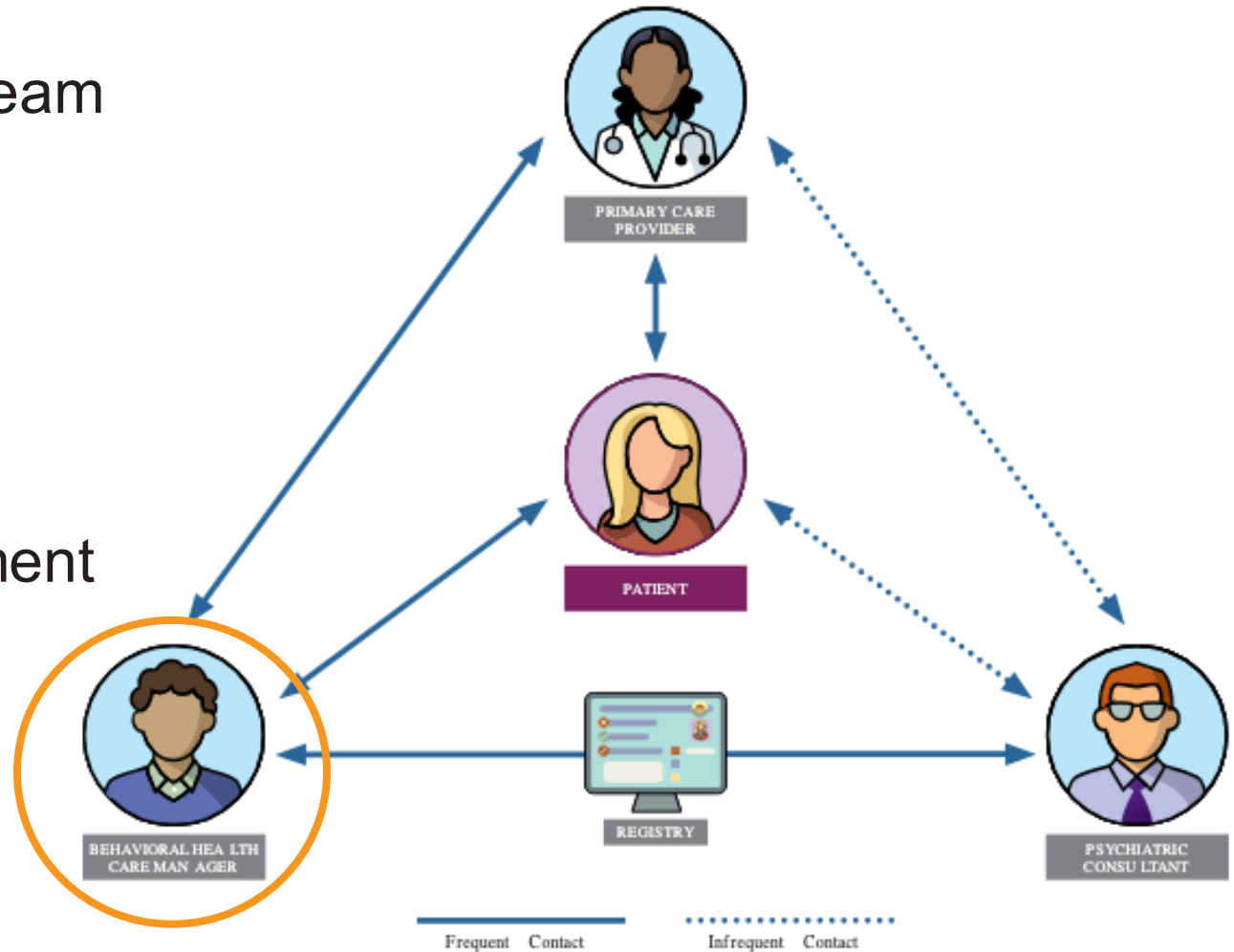
CoCM is a team-based, data-driven, patient-centered population health approach to behavioral health integration.

More than 90 randomized control trials demonstrate CoCM's efficacy across diverse populations and treatment settings.

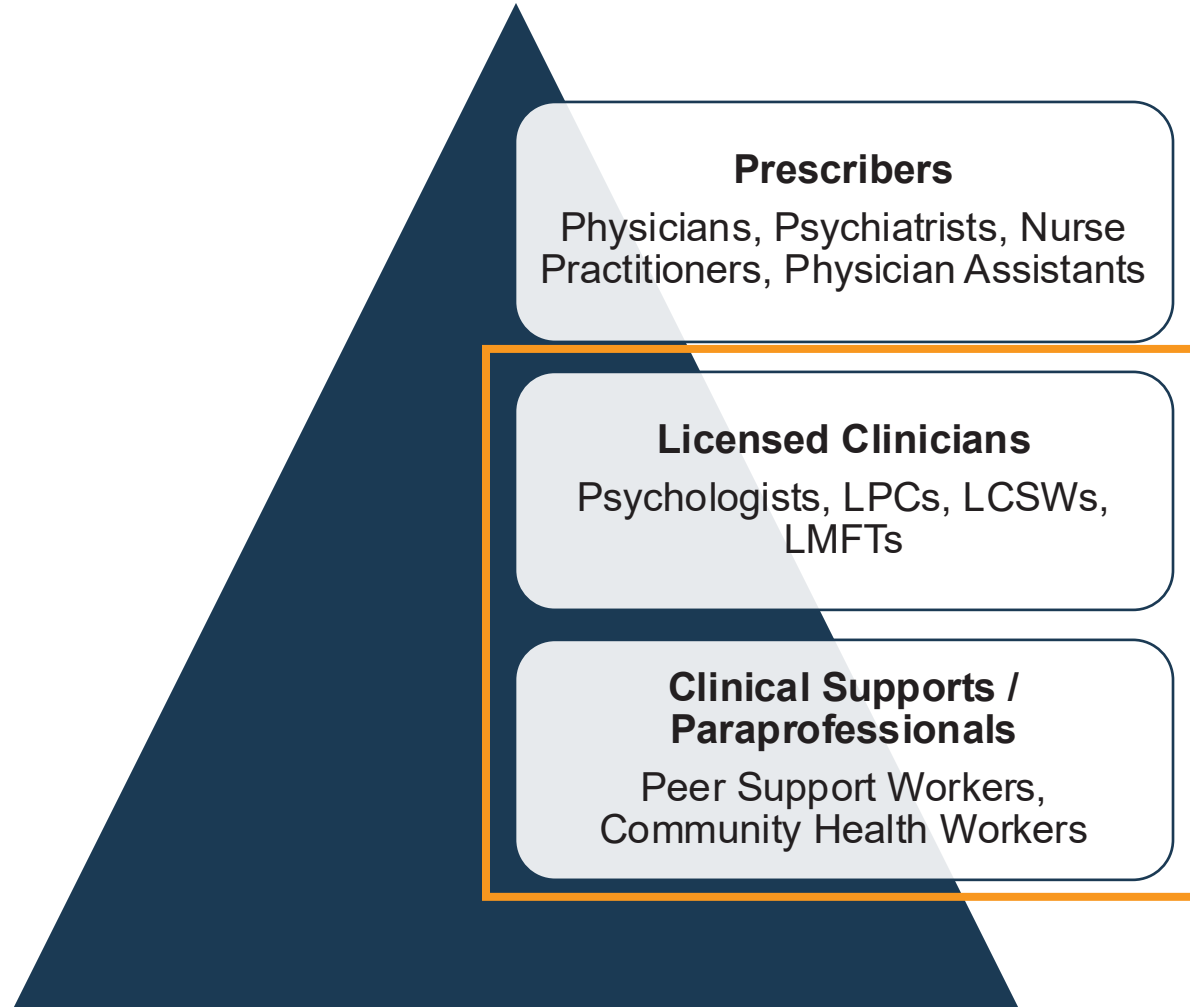


Who is the Behavioral Health Care Manager (BHCM)?

- The heart of a strong CoCM team
- Lead contact with the patient
- Participate in diagnosis and treatment planning
- Coordinate treatment
- Support medication management
- Offer brief counseling interventions



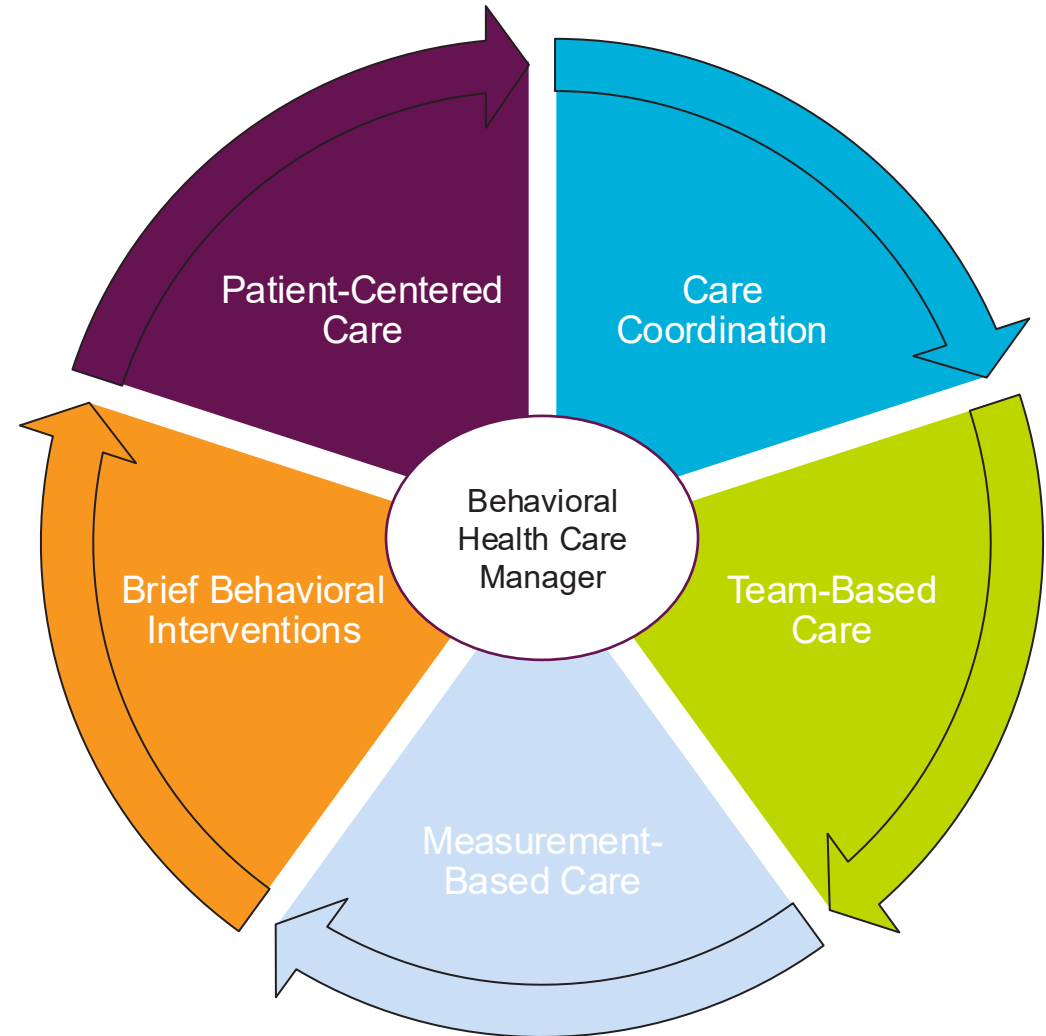
The Behavioral Health Workforce: Roles & Challenges



- What We Hear:**
Reported Barriers to Building the BHCM Workforce
- Lack of clear definitions of roles and provider types
 - Inadequate reimbursement rates and position salaries
 - **Variation in BH training and licensure requirements**

One Solution: Training Field-Ready BHCMS

- 10 training modules that cover the competencies needed to provide mental health services within Collaborative Care programs
- Practicum experience
- Envisioned as a certificate or microcredential offered through community colleges



Questions

Jenna Parro, MHA

Director, Cross System Strategy and Practice

jparro@mmhpi.org

Thank You!

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

PASO *del* NORTE CENTER
Meadows Mental Health Policy Institute

 **THE HACKETT CENTER**
FOR MENTAL HEALTH

TRAUMA & GRIEF CENTER
Meadows Institute

Meadows Institute | **DALLAS**

Meadows Institute | **PANHANDLE**

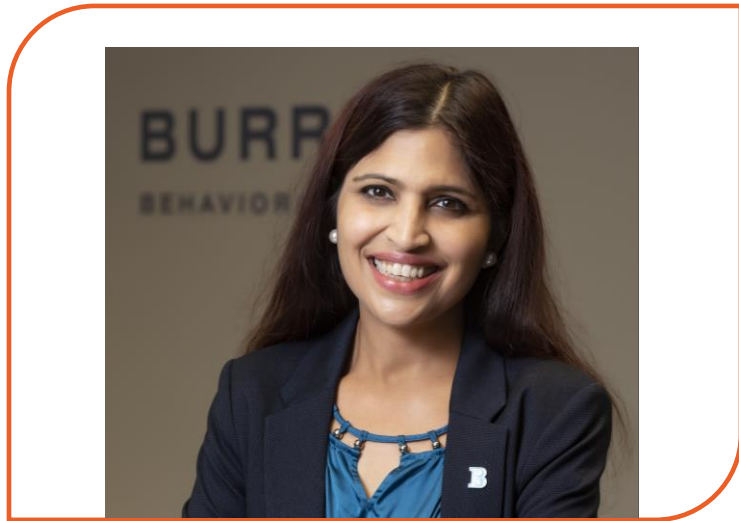
NATIONAL
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Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

Workforce Solutions Jam Series: Extending the Behavioral Health Workforce

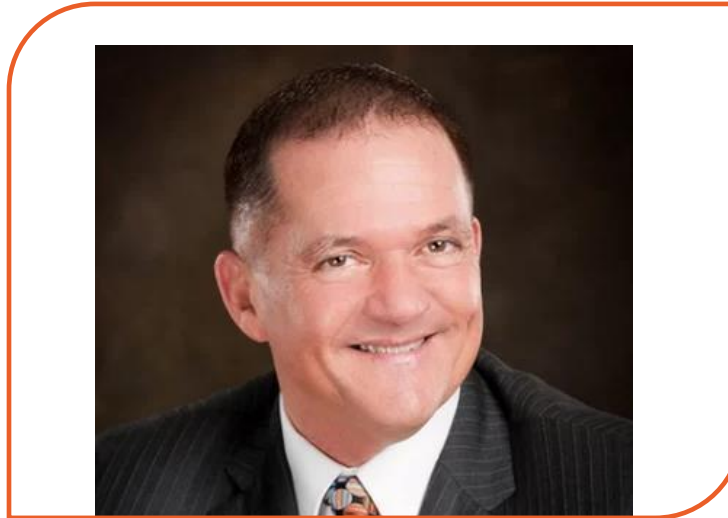
January 20, 2026

Medical Director Institute Speaker/Contributors



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Chief Medical Officer,
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Ken Hopper, MD, MBA

Principal
Hopper Health Strategies/The Hopper Group



Dr. Ken Hopper

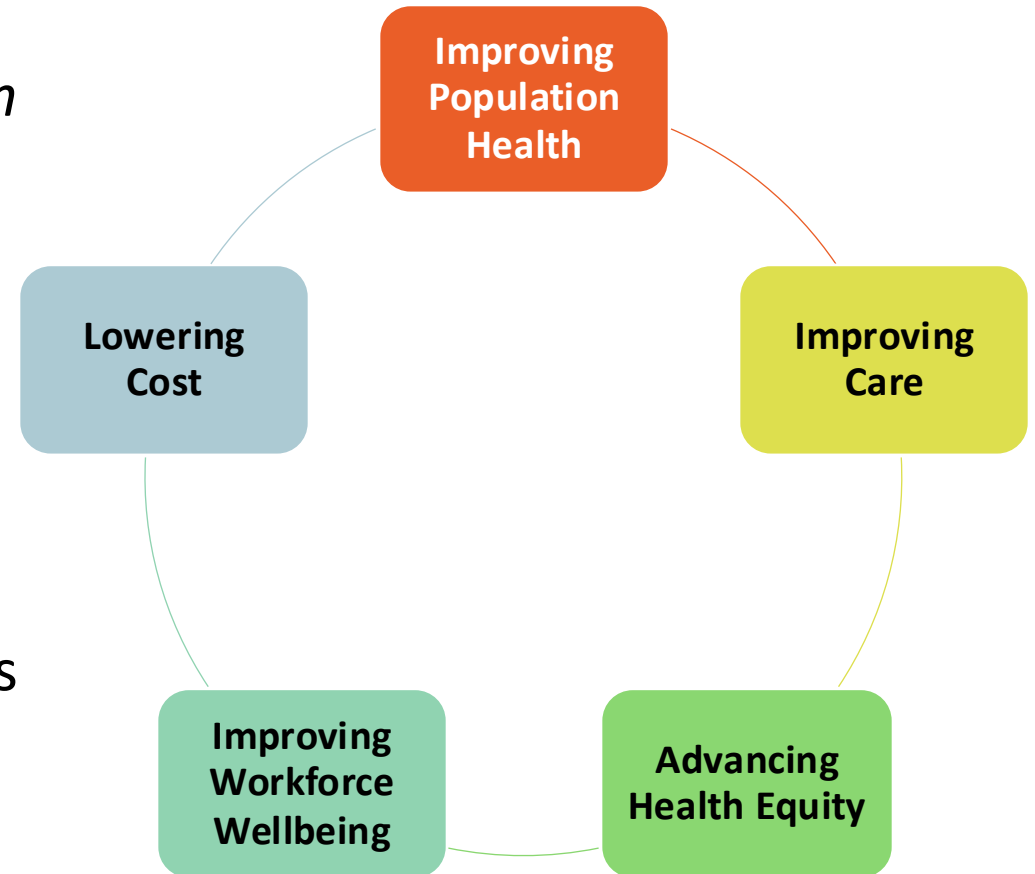


Standout Insights/Innovations

Creating Outcomes and Optimizing Clinician Workload

- Multidimensional outcomes: *The Quintuple Aim*
- Team leadership: *Conductor not a Dictator*
- Strategic *process engineering*
- Leveraging *efficient communication tools*
- Adopting *barrier-reducing technologies*
- Implementing *tech-assist tools for clinicians*
- *Normalizing the humanness* of ALL stakeholders

Quintuple Aim: <https://www.ihi.org/library/topics/quintuple-aim>



Leadership Challenge:

Optimizing EXTENDER roles in the modern multidimensional team

- Leadership Approaches
 - Unwise: Laissez faire OR micromanaged approaches
 - Wise: Psychological safety, teamwork, outcomes-orientation, right-sized/dosed team touchpoints, iterative/continuous learning and quality
- Wise navigation of role/degree/credential/licensure scope/title assumptions
 - Recognize SAME-credential clinician variability (clinical/other). “Plug and play” is unwise.
 - Agnostic analysis: Extract assumptions before finalizing competency assessment/planning
 1. Deep Dive: Understand team member’s *actual historic* storyline and accountabilities
 2. Ponder: What does this team member NOT KNOW that they don’t know?
 3. Ascertain: Team member’s current and potential ability to contribute to the team

Psychological Safety-The Fearless Organization: <https://amycedmondson.com/psychological-safety/>

Multidisciplinary Teaming: Enhancing Collaboration through Increased Understanding: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6743510/>



Telehealth and hybrid team-based models:

Organizations expanding reach, support, expertise via Collaborative Care

- Team and/or Collaborative Care and the telehealth/hybrid team model
 - **Rural FQHC** using telehealth enabled CoCM demonstrated superior results.
Reference: <https://doi.org/10.1176/appi.ajp.2012.12050696>
 - Telehealth enabled collaborative treatment demonstrated preliminary efficacy for chronic pain and substance use for **rural-residing veterans** with co-occurring chronic musculoskeletal pain/substance use disorders. *Reference:* Lovejoy, T. I., Wu, T. Y., Maloy, P., McPherson, S. M., Smith, C. L., & Zaccari, B. (2025). Collaborative Tele-Pain and Substance Use Disorder Care for Patients in a Rural Setting: Results of a Single-Arm Open-Label Pilot Trial. *Pain Management Nursing*.
 - **Adolescent/young adult** modified CoCM intervention was associated with significantly higher mental health care use, lower depressive symptoms, higher quality of life, and greater satisfaction. *Reference:* <https://doi.org/10.1001/jama.293.3.311>



Dr. Garima Singh
Garima.Singh@burrellcenter.com



Extender Roles or Cross-training Strategies

- Expanding residency slots and physician training capacity as a core extender
- Expand rural residency programs and rural training tracks
- Develop Rotation and electives in rural hospitals, clinic and community sites
- Team based care models: Integrating Nurse Practitioners in physician led care teams
- Rural focused training programs for all health professionals
- Medical students as early-stage workforce extenders and pipeline builders
- Community health workers and navigators
- Peer support specialist
- Paramedics



Barriers

- Limited GME funding, accreditation complexity
- Administrative burden for small rural hospital and clinics
- Shortage of faculty, physician and preceptors
- Variability in scope of practice
- Variable state laws and regulations
- Limited access to rural clinical training sites
- Burnout and turnover
- Housing, transportation, and funding
- Misalignment between academic calendar and clinic needs
- Gap between financing and reimbursement



Funding Strategies for Grant Reliant Programs

- Stacking financial sources: Braid funding
- Network and shared service model
- Converting grant services into billable roles
- Use grants as transition and start up tools to build a workforce strategy



Aligning Health Systems

- Integrated care
- Multi-disciplinary model
- Shared competency Framework and credentials
- Rural training and exposure
- Advancement opportunities across health roles



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TAKEAWAYS & REFLECTION

We want your feedback!



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

<https://www.surveymonkey.com/r/Jan20Jam>

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!**

February 17th, 2026

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