

WORKFORCE SOLUTIONS JAM

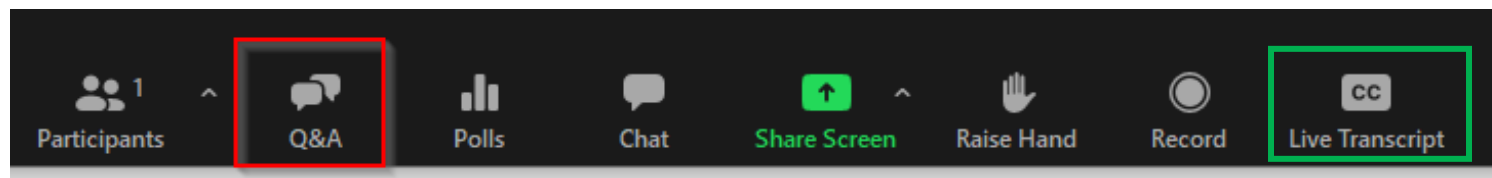
FEBRUARY 17, 2026

Extending the Behavioral Health Workforce: Training the Allied Workforce



Housekeeping & Accessibility

- Please introduce yourself in chat: Name, location, organization
- A recording and slides will be emailed to you within the week
- **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!





Agenda

Welcome

Topic Introduction

Innovative Insights

Panel and Q&A

Next Steps



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!



Topic Introduction



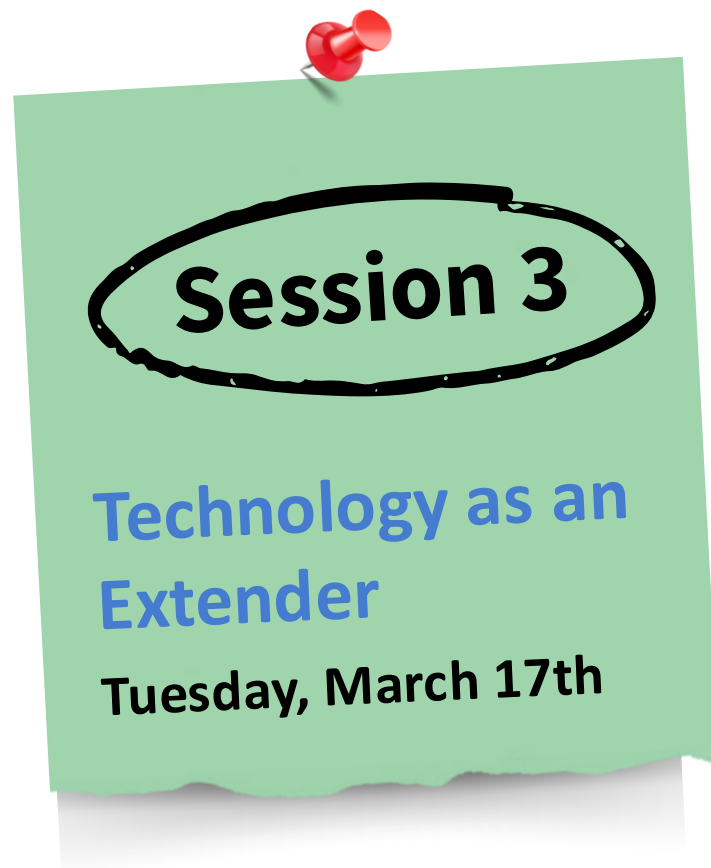


today:

Extending the
Behavioral Health Workforce:
Training the Allied Workforce



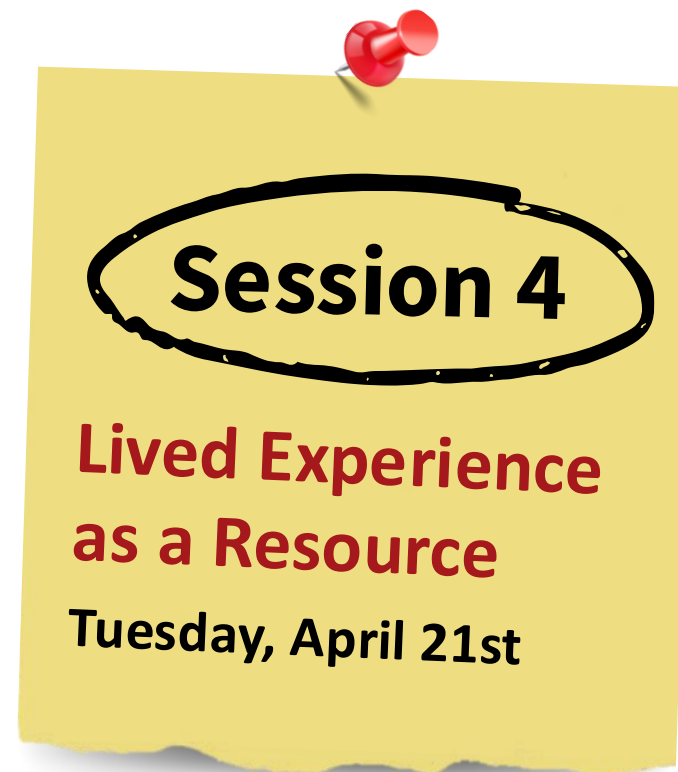
Extending the Behavioral Health Workforce Series



Session 3

Technology as an Extender

Tuesday, March 17th



Session 4

Lived Experience as a Resource

Tuesday, April 21st

Poll – Let's hear from you!

Poll Question

Does your organization currently use workforce extender roles (peers, CHWs, care coordinators, etc.)?

- Yes, well established
- Yes, but still developing
- Exploring/planning
- Not currently



**INNOVATIVE
INSIGHTS**





HEALTH
NIMHD – RCMI
Addictions Research and Cancer Prevention



College of Education
UNIVERSITY OF **HOUSTON**



About The Team

- Chakema Carmack, PhD – Associate Professor at University of Houston
- Damien Kelly, EdD – Independent Population Health Researcher
- Rhanna Wilson MPH – Completed project as part of her practicum

Special Thanks to our Funder and Project Partner

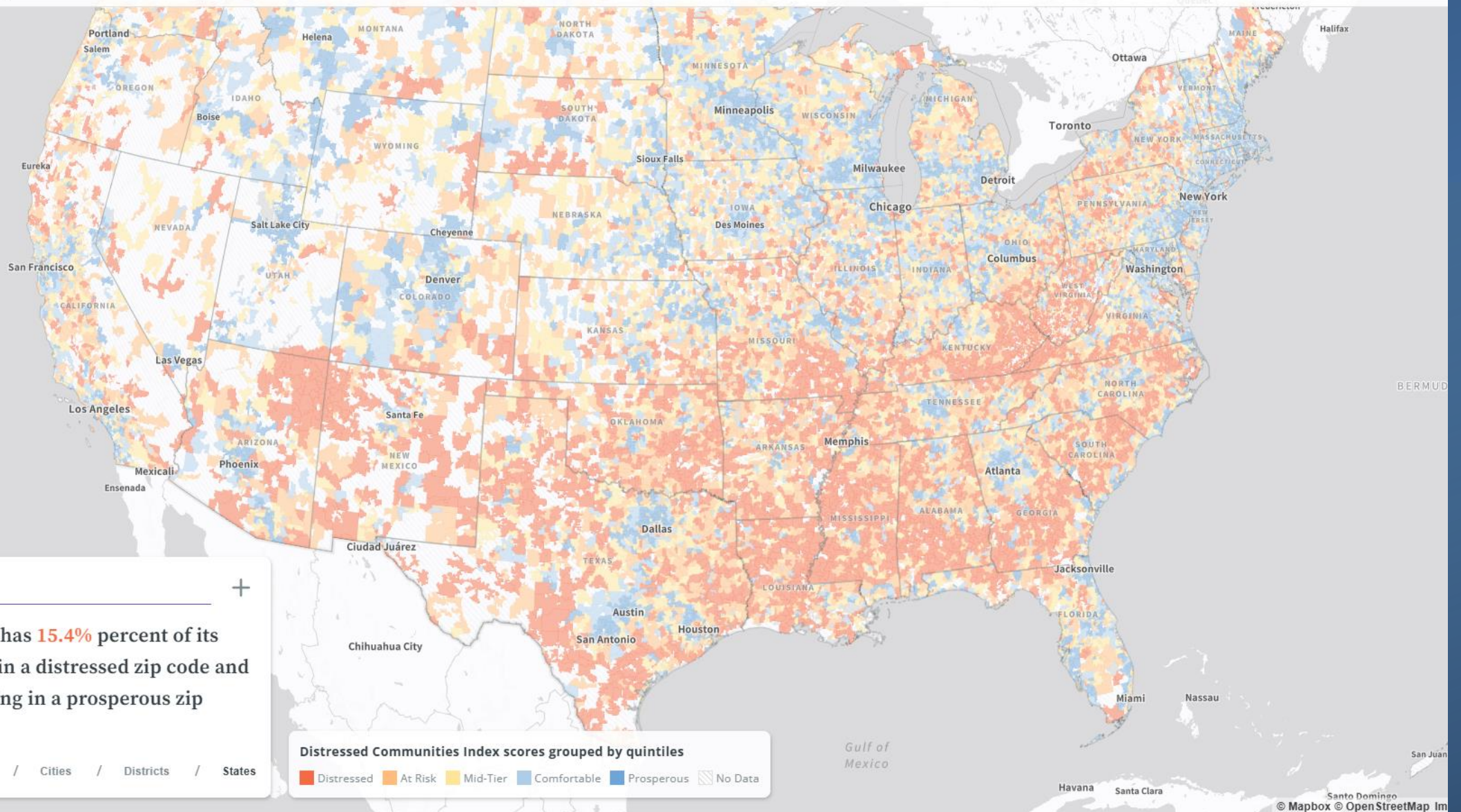


A woman with long blonde hair is sitting at a desk, writing in a spiral notebook with a black pen. On the desk, there is a white mug on a saucer, a laptop, and another notebook. The scene is overlaid with a semi-transparent red filter. The background is a bright, out-of-focus area.

About the Project

Project Overview

This project examines mental health “deserts” in Houston’s Precinct 4, areas where residents face significant barriers to accessing mental health care. Using economic distress indicators with geospatial mapping of licensed mental health providers to identify gaps in service availability. Beyond mapping disparities, the project centers community voices through workshops, surveys, and focus groups, and makes all data and tools publicly accessible so residents, policymakers, and researchers can use the findings to advocate for equitable mental health infrastructure and replicate the model in other regions.



Search



The United States has **15.4%** percent of its population living in a distressed zip code and **25.1%** percent living in a prosperous zip code.

[Zip codes](#) / [Counties](#) / [Cities](#) / [Districts](#) / [States](#)

Distressed Communities Index scores grouped by quintiles

Distressed At Risk Mid-Tier Comfortable Prosperous No Data



Public Health Importance

- Mental health deserts disproportionately impact low-income and BIPOC communities.
- This project identifies service gaps and supports evidence-based policy action.
- It also gives community members and other researchers the tools to identify mental health deserts in their area.

Key Outcomes



Open-access dataset and dashboard



Policy briefs for local decision-makers



Community Workshops and media coverage for the project.



Replicable framework for other municipalities

Precinct 4 Mental Health Locator

ZipCode
No category selected

How This Project Can Be Replicated

This study was intentionally designed so that other cities, counties, and research teams can replicate or adapt it. This framework supports local customization while preserving methodological consistency, allowing findings to be compared across regions. To replicate this project in another area, teams can follow these core steps:

1. Identify Target Geography

- Select zip codes, census tracts, or districts of interest
- Pair geographic boundaries with an economic distress indicator (e.g., DCI or similar indices)

2. Collect Provider Data

- Compile publicly available listings of licensed mental health providers. For this project the site being utilized is Psychology Today.
- Standardize fields such as provider type, location, and service modality (in-person vs. telehealth)
- Apply quality-assurance checks to confirm accuracy

3. Analyze Access Gaps

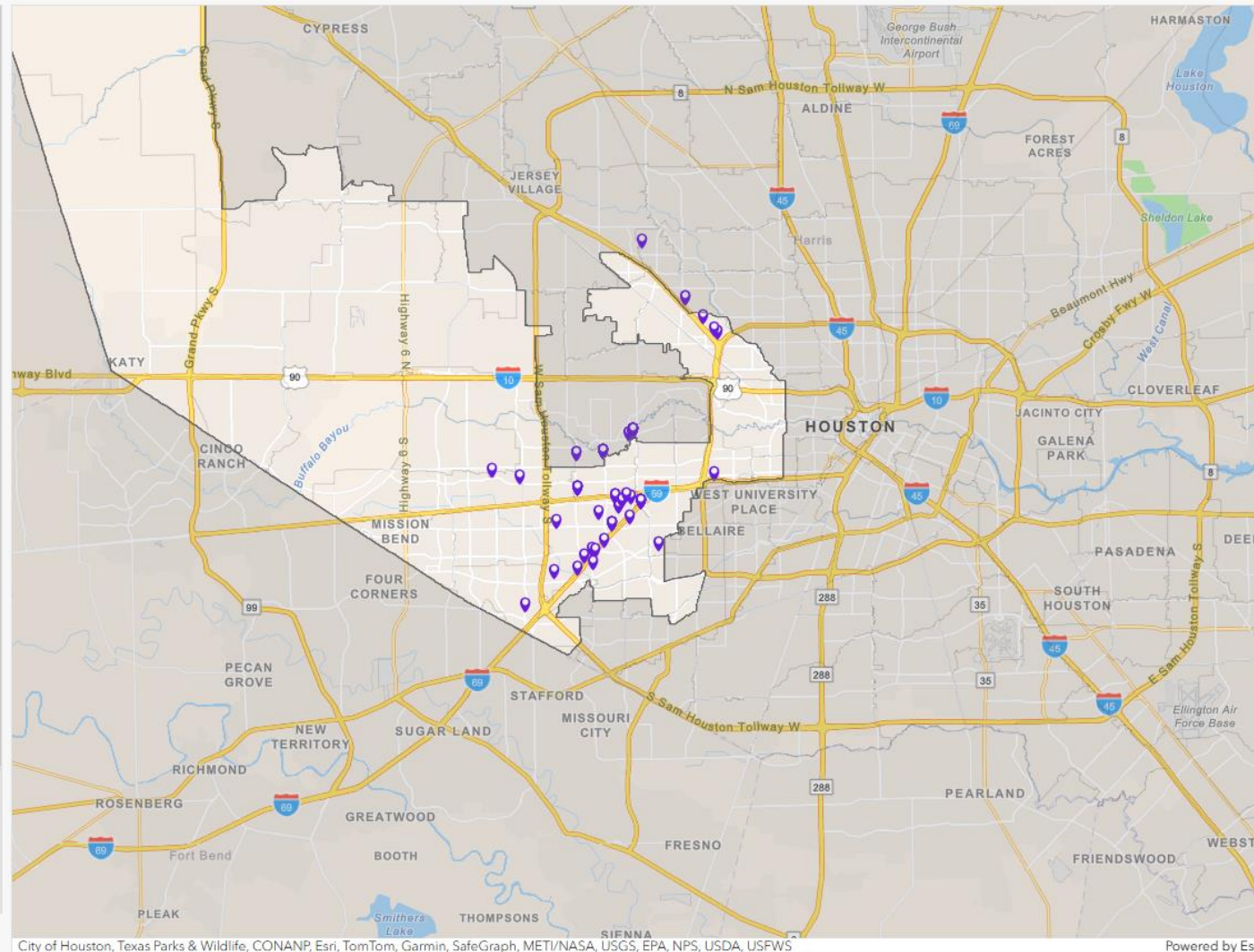
- Calculate provider density by geographic unit
- Compare access across economic or demographic categories
- Identify areas with zero or critically low provider availability

4. Build a Public Dashboard

- Use GIS tools (e.g., ArcGIS) to create interactive maps
- Design with non-technical users in mind
- Enable zip-code search and plain-language explanations

5. Engage the Community

- Share findings with residents, service providers, and local leaders
- Collect qualitative feedback to contextualize quantitative results
- Treat community members as co-interpreters of the



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Let's Stay in Touch

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Meet Our Panelists

Open Source Wellness



Carolina "Lena" Ayala
Community as Medicine Coach



Dr. Elizabeth Markle
Co-Founder and Executive Director

The Lay Counselor Academy



Dr. Elizabeth C. Morrison
CEO and Co-Creator

COMMUNITY AS MEDICINE



Dr. Elizabeth Markle
Lena Ayala, NBC-HWC
CBHL Webinar
February 2026



**GOOD LUCK
WITH THAT,
I'LL SEE YOU
IN 6 MONTHS!**



BEHAVIORAL PRESCRIPTION

DIRECTIONS:

Exercise more!

Eat better!

Reduce your stress!

Get some social support!



Open Source Wellness Mission: Create “Community as Medicine” by partnering with communities and healthcare to deliver joyful, trauma-informed, and culturally relevant programs for health, wellbeing, and human connection.

Community As
Medicine is an
experiential, equity-
centered, trauma-
informed, and
joyful approach to
group health
coaching.

Community

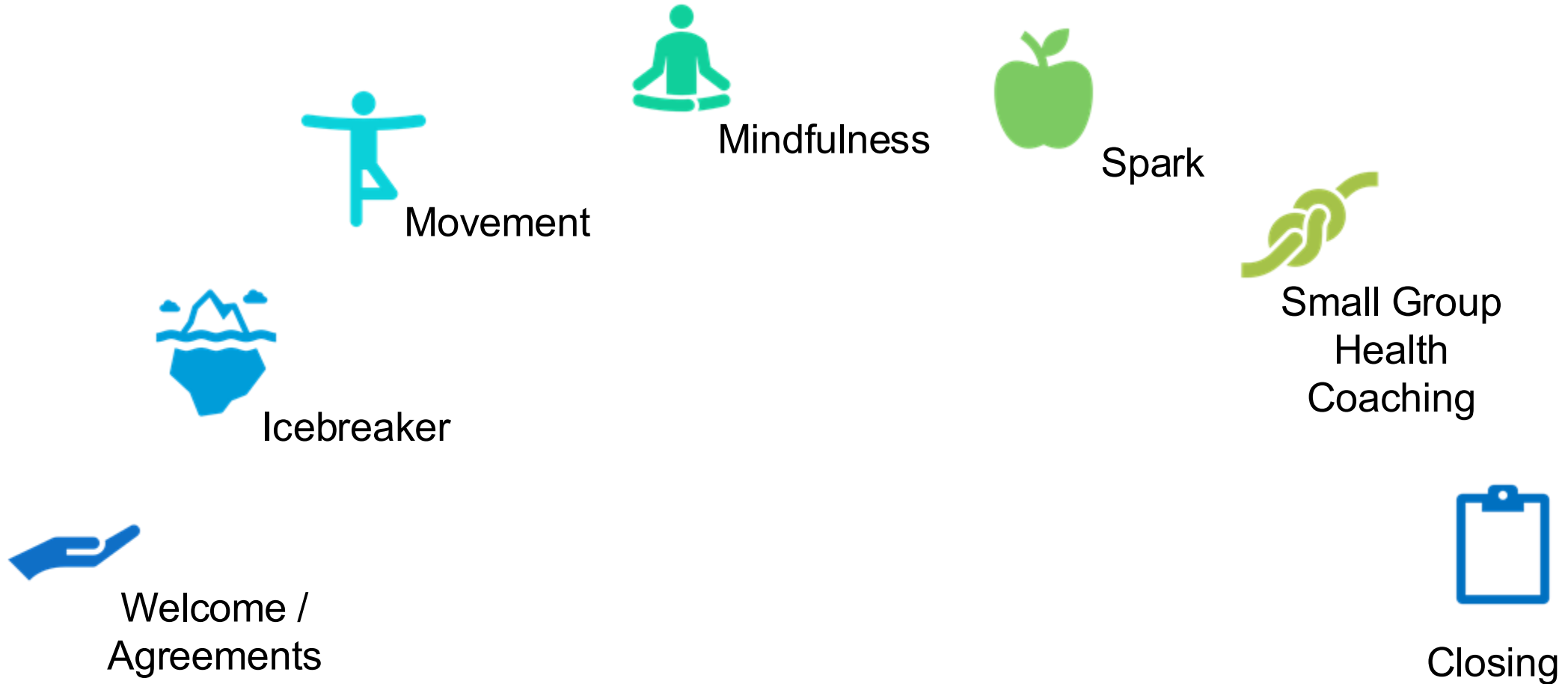


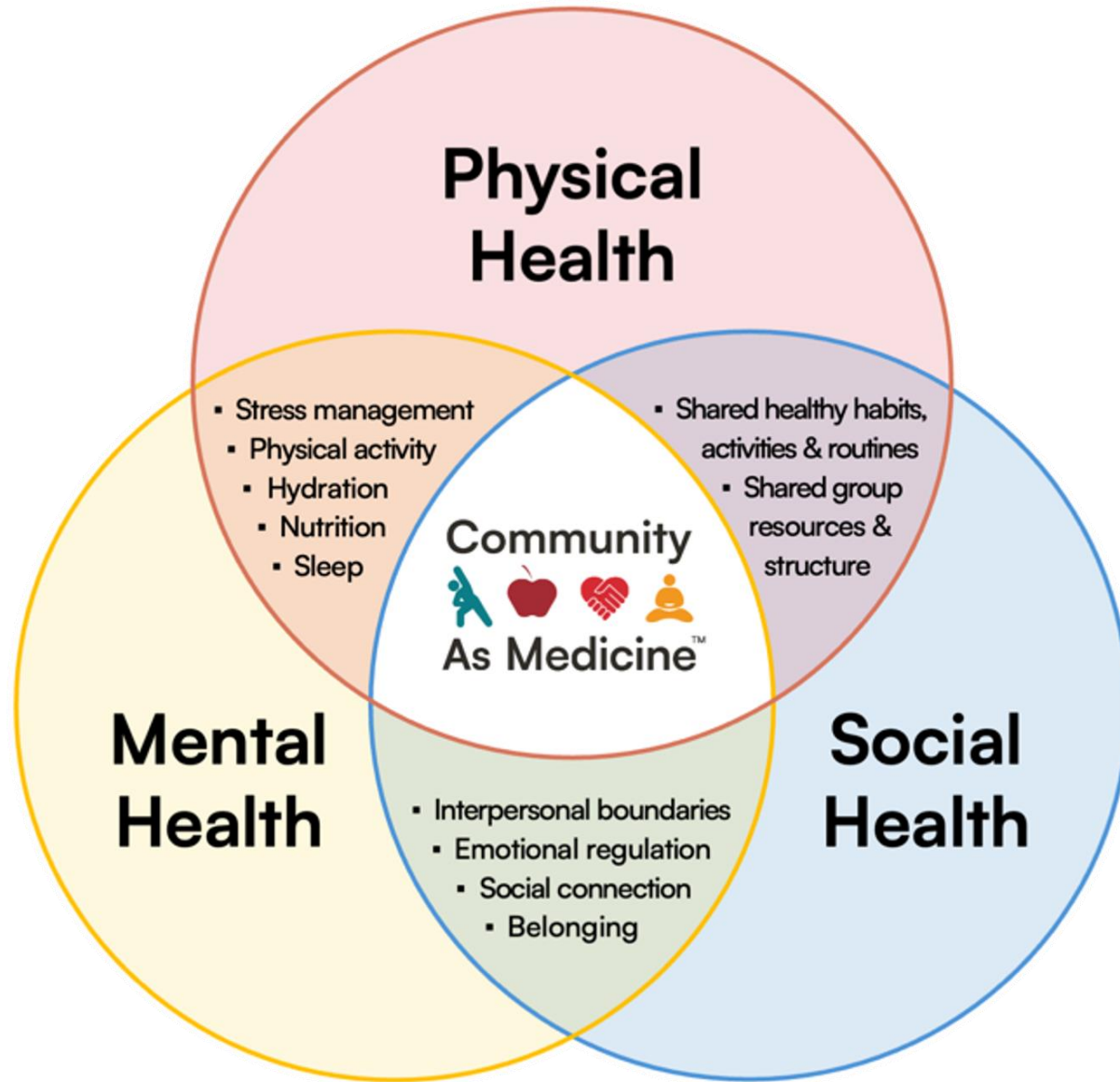
As Medicine™

Move,
Nourish,
Connect,
Be.



The Arc of a CAM group







Community As Medicine Implementation Partners

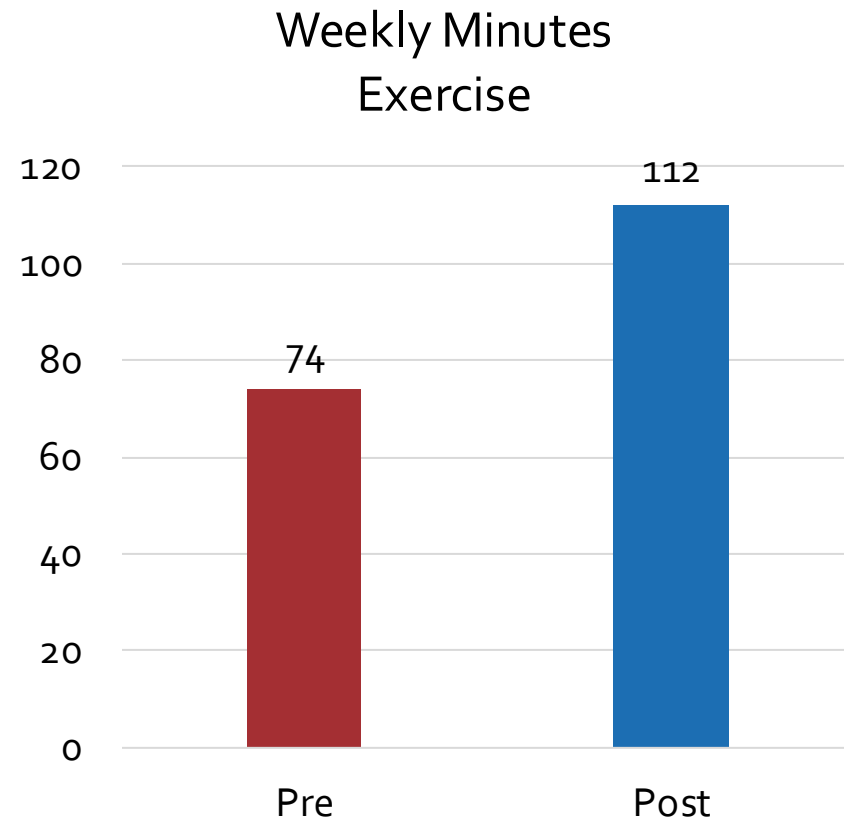
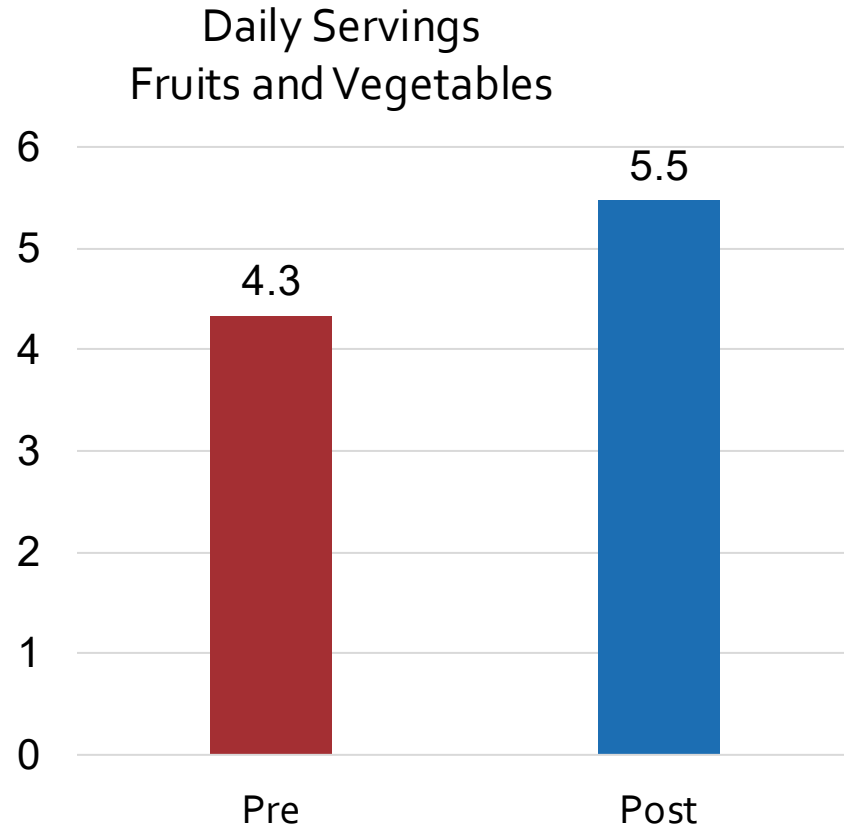
Federally Qualified Health Centers
 Integrated Delivery Systems
 Payors
 Employers
 Low-Income Housing Orgs
 Food As Medicine programs
 YMCAs



**NATIVE AMERICAN
 HEALTH CENTER**
 Serving the community since 1972



Community As Medicine: Behavior Change

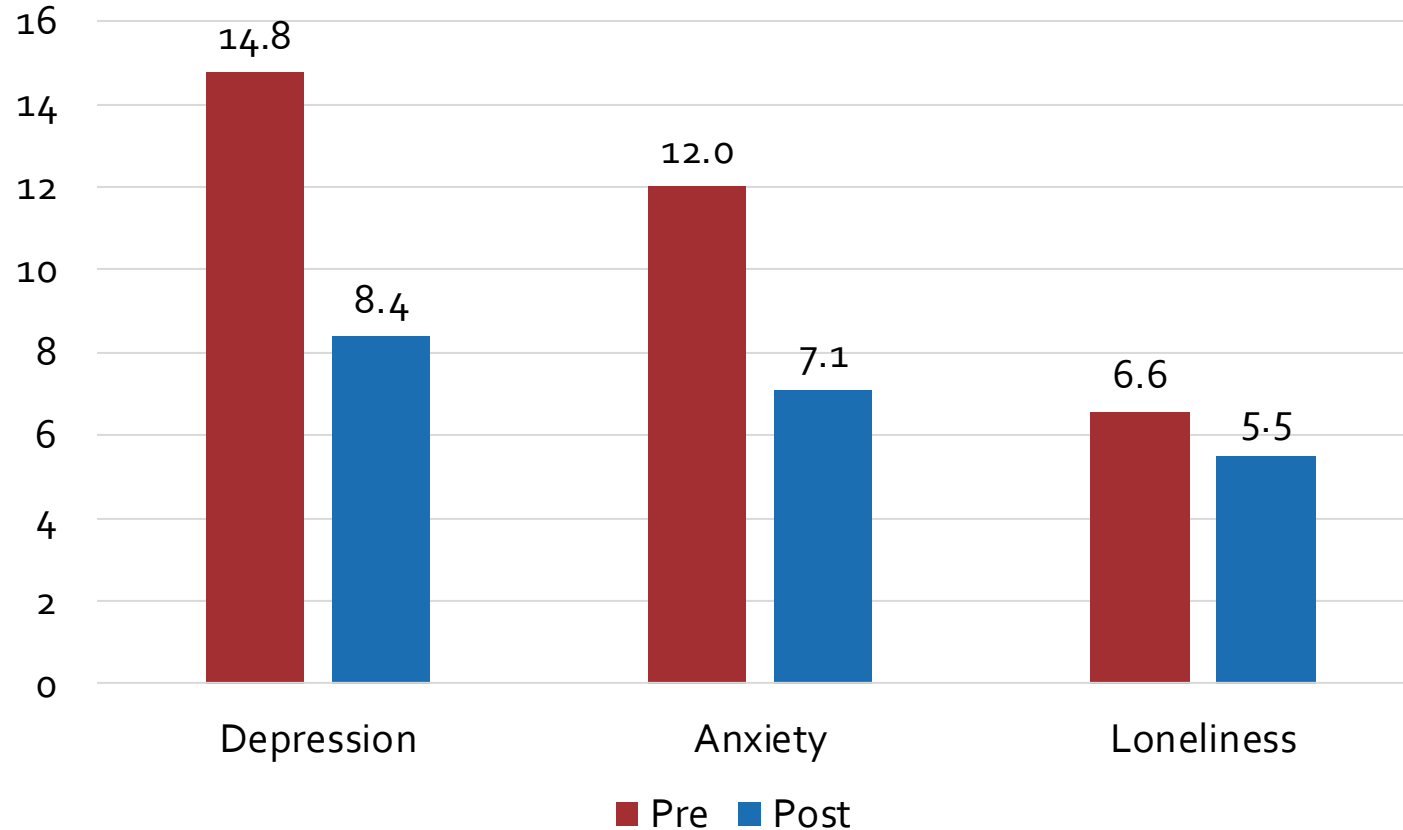


All p's < .001, full sample, n = 744 and n = 755

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

Community As Medicine: Mental Health

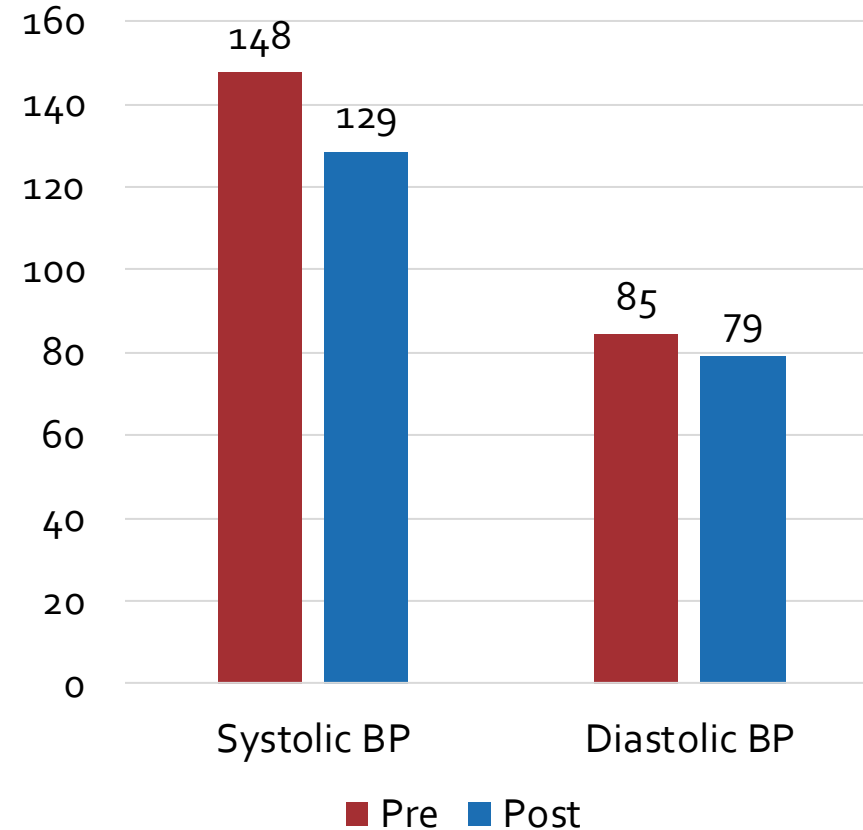
(PHQ-9, GAD-7, UCLA 3-Item Loneliness)



All p's < .001, depressed subsample, n's = 244, 142, and 241

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

Community As Medicine: Blood Pressure

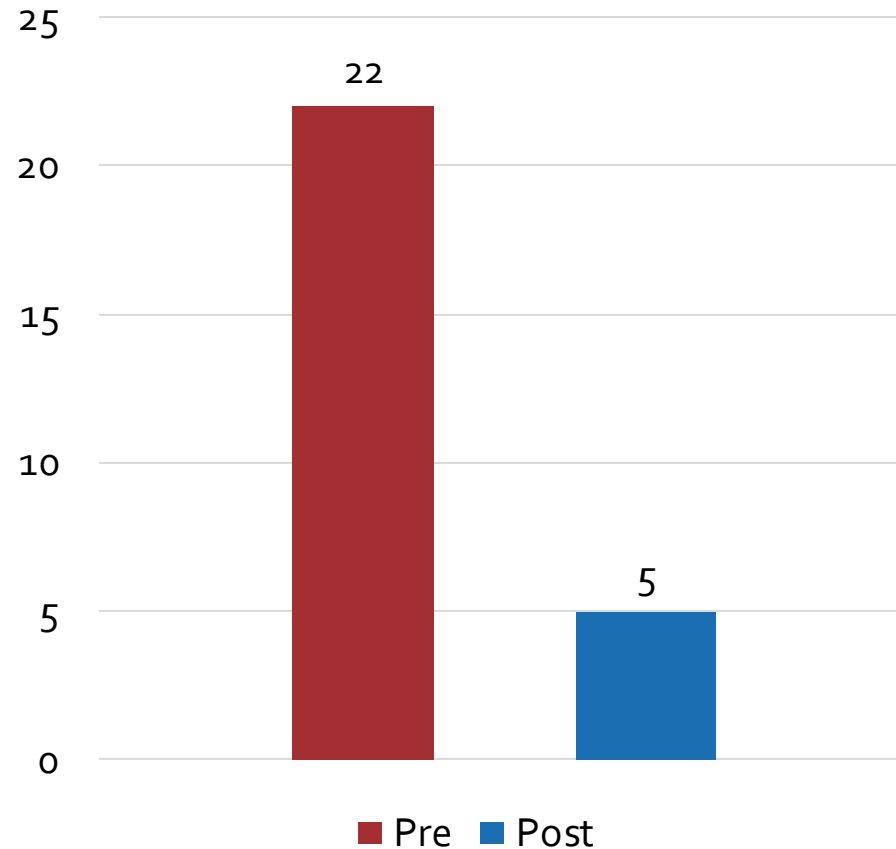


Systolic $p < .001$, Diastolic $p < .05$, hypertensive subsample, $n = 85$

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

Community As Medicine: Acute Care

ED Visits/Unplanned Hospitalizations



$p = .14$, EHR review subsample, $n = 49$

Data from Alameda Health System, Native American Health Center, Tiburcio Vasquez Health Center, Family Medicine Associates, Lifelong Medical Care, and Prevention Institute partnerships

Implementing Community As Medicine



The Team:

- 1-4 CAM Coaches (dependent on group size)
- One PCP (optional, if delivering as GMV / SMA)

Design Choices:

- In Person or Virtual
- English, Spanish, other languages
- Group Length: 60, 75, or 90 min.
- Group size: 6 - 24 patients.

Financial Sustainability Options

- Group Medical Visits / Shared Medical Appointments
- Value-Based Payment Contexts
- Community Health Worker Billing
- Philanthropic Support

Community As Medicine Health and Wellness Coach Training Program

- Foci include:
 - Cultural Humility
 - Trauma-informed Coaching
 - Group Coaching
- Next Cohort launches Fall 2026



**APPROVED
TRAINING
PROGRAM**



Community As Medicine Learning Collaborative (CAMLC)

- 18-month program
- Technical assistance, training, and licensing
- Design, build, and implement CAM in your organization
- 2026 Applications open March 3





2024-2025 CAMLC- Participating YMCAs

YMCA of the North (MN/WI)
YMCA of Metro Denver
YMCA of San Diego County
YMCA of Northwest Florida
YMCA of Central Maryland
YMCA of the Triangle
(Durham/Raleigh)
YMCA of Greater San Francisco



How might we bring
Community As Medicine to
your people?

Dr. Elizabeth Markle

Liz@opensourcewellness.org



Counseling for all.

Mental Health Treatment
for the Community, by the Community

Elizabeth Morrison, PhD, LCSW, MAC
Co-Creator of The Lay Counselor Academy
elizabeth@emorrisonconsulting.com



THE
LAY COUNSELOR
ACADEMY



What is a Lay Counseling?

mental health counseling, delivered by someone who learned outside the conventional licensure pathway.





Case Manager+ MH Counseling



SUD+ MH Counseling



Peers + MH Counseling



Outreach+ MH Counseling



CHW + MH Counseling



Crisis Team+ MH Counseling

Acknowledge,
Enhance & Support



How would you rate quality counseling services you received?

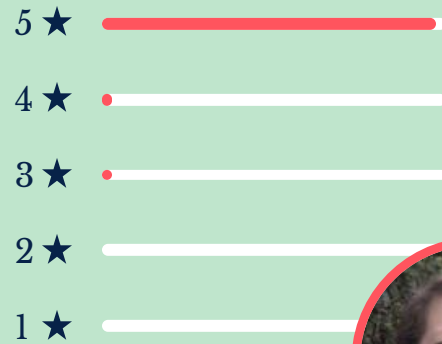
Lay Counselors



4.9



Licensed Clinicians



4.9



How much has counseling helped you?

Lay Counselors



4.9



Licensed Clinicians



4.8

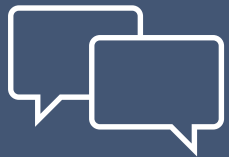




88% of participants had significantly increased **job satisfaction**



Participants increased **mental health counseling** competence by 81%



90% of participants said they used mental health counseling strategies **every day**.





A red circular arrow graphic that starts at the top left, curves down and right, then goes straight down, then curves left and up, ending at the top left. 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/Feb26Jam>

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!**

March 17, 2026

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