





2024 JOINT MENTAL HEALTH SUMMIT

Accessing and Navigating Mental Health Resources and Services for the Workforce and Community

Tuesday, April 16, 2024 | 8:30 am - 2:30 pm



EVENT PRESENTED BY:























2024 JMHSummit Learning Objectives

- 1. Explore state and regional data on mental health wellness in individuals and in the workplace.
- 2. Assess steps to improve mental health wellbeing outcomes in businesses and organizations.
- 3. Discuss best practices in addressing mental health education, resources and support services for improved patient care.





History JOINT MENTAL HEALTH SUMMIT

- First established in 2014, the need for an annual summit grew out of frustrations with inefficiencies in the delivery of effective psychiatric services to and the desire to discover and correct the reasons for these inefficiencies.
- Engages stakeholders, lead discussion regarding gaps, develop strategies in collaboration with community partners to improve efficiency and effectiveness of services, and implement qualitative and quantitative measures to track improvements.
- Regional alignment on mental health wellness, services and education.





2024 JMHS Planning Team

- **EVMS:** Cynthia Romero, MD, Matt Herman, MPH, CHES, Ashley Cilenti, Brett Sierra, DHSc, Kelly McCoy, Julia Dieter, Diane Eastman, Lisa Fore-Arcand, PhD
- Bon Secours: Phyllita Bolden
- CHKD: Sam Fabian, Stephanie Osler, LCSW, Jennifer Flaherty, PhD
- HAMVAMC: Teresa Godoy, Maninder Singh, MD, Roopam Sood-Khandpur, MD
- Sentara: Paul Bennett, MSW, LCSW
- The Up Center: Tina Gill





Session #1

State of Behavioral Health in the Commonwealth

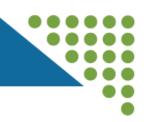
Commissioner Nelson Smith

Virginia Department of Behavioral Health and Developmental Services

Objective:

1. Identify challenges facing Virginia's mental health services and systems and examine how state policies and initiatives are driving change.







Governor Youngkin's Right Help, Right Now

A plan to improve behavioral health services for Virginians

Nelson Smith, Commissioner
Department of Behavioral Health &
Developmental Services



DBHDS>>>

Governor Youngkin's Right Help, Right Now Plan



- 1. Ensure same-day care for individuals experiencing behavioral health crises
- 2. Relieve law enforcement's burden and reduce the criminalization of mental health
- 3. Develop more capacity throughout the system, going beyond hospitals, especially community-based services
- 4. Provide targeted support for substance use disorder and efforts to prevent overdose
- 5. Make the behavioral health workforce a priority, particularly in underserved communities
- 6. Identify service innovations and best practices in precrisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

DBHDS>>>



Pillar 1: Crisis

30% of calls





Call Center

 Standardized risk assessment

Virginia 988:





Dispatch

- Clinician or former 911 dispatcher
- Reviews call Conducts assessment



Resolve on Phone



Mobile Crisis

- Voluntary service
- Resolves 70% of calls



911

- Life threatening emergencies
- Backup to mobile crisis



80% resolved on the phone through 988

70% resolved in the field through mobile crisis

65% discharged to the community from crisis receiving centers







Pillar 1: Crisis



988 New <u>988va.org</u> website

- 988 is like 911 for mental health concerns.
- Anyone in mental distress can call or text 988 and trained crisis call center staff will help right away.
- Virginia averages about 8,000 calls per month
- About 80% of calls to 988 can be resolved on the phone



National and Virginia marketing is underway to spread the word















DBHDS>>>





The Behavioral Health Services of Virginia Mobile Crisis Response team works 24 hours a day, seven days a week helping people experiencing a mental health, substance use, or suicide crisis. – WTVR, July 23, 2023

Mobile Crisis

- Teams are deployed by 988 or regions to race directly to people in crisis.
- Mobile crisis teams can resolve 70% of the cases they handle
- Virginia now has 98 mobile crisis teams.
- The goal is 140 teams across Virginia

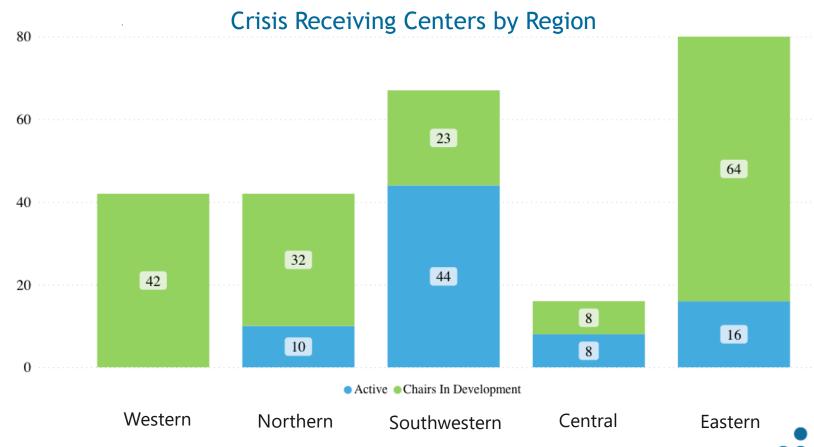


Pillar 1: Crisis



Crisis Receiving Centers/ Crisis Stabilization Units

- Community stabilization of mental health crises for walkins, ambulance, fire and police drop-offs
- Stabilize crises and safely discharge about 65% of individuals without needing longer-term inpatient care
- Virginia currently has 236
 active beds and chairs, with
 307 more in development
- More projects will be underway later in 2024



Pillar 2: Law Enforcement Relief



FY 2023 had 19,455 ECOs, 57,980 CSB crisis evaluations, and 20,255 TDOs

Every day, Virginia averages
53 ECOs,
59 CSB evaluations,
and 55 TDOs



Photo from Chesterfield Police Chief Katz of police vehicles at a local hospital because of emergency custody orders



DBHDS>>>

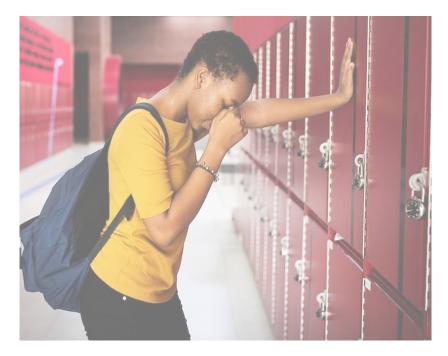


Pillar 3: Building Capacity





Virginia is 1 of 5 states with an increase in the number of youth suicides since the pandemic.





Permanent Supportive Housing Outcomes

- 91% remain stably housed for at least one year after move-in.
- 29% cost reduction in local hospital inpatient, state hospital, ED, jail, and CSB services in the first year.
- \$27.6 million in total state hospital cost avoidance one year after PSH move-in.





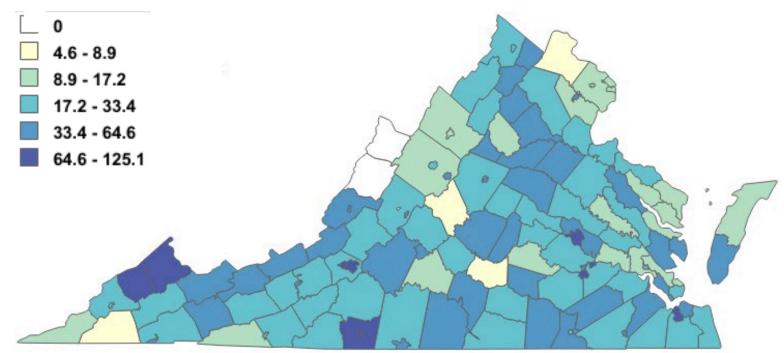
Pillar 4: Support for SUDs and Overdose Prevention





REVIVE! training to use naloxone: revive@dbhds.virginia.gov

Death rate per 100,000 Virginia residents, all drugs, 2022



Virginia Dept Health, Chief Medical Examiner



Pillars 5 and 6



Pillar 5



Prioritizing workforce, particularly in underserved areas

Pillar 6



Service innovations and best practices for prevention, crisis services, and re-entry services and close capacity gaps



DBHDS>>>

DBHDS Strategic Plan

DBHDS is implementing Right Help, Right Now as a top priority and working to modernize its core systems and processes to support RHRN and other DBHDS strategic plan initiatives. Updates across the strategic plan's major priority areas include:

Workforce

- Priority Staff Vacancies: Vacancy Rate for Direct Service Associates, Housekeeping, Food Services, Psychologists/Counselors, and RNs have all met under 20% target
- Public System Workforce Capacity: Worked with CSBs to complete an assessment of capacity for prioritized positions
- Licensing: Average waitlist time for priority providers reduced from 1.5 years to 2 days; 100% of approved priority service applications granted licensure in less than 90 days

Continuum of Care

- DOJ Settlement Agreement: Met compliance with 251 indicators Coordinated Specialty Care: 3 new CSC programs stood up across Virginia as of April 2023
- School-Based Mental Health: 842
 youth currently being served
 through school-based mental health
 services, exceeding target
- Assertive Community Treatment: Significant reduction in bed days after treatment based on data from upcoming 2023 report
- Crisis Services: 98 mobile crisis teams are now staffed; 988 marketing campaign launched October 2, 2023

Modernization

- Corrective Action Plan: Worked with stakeholders to identify process improvement opportunities and developed a corrective action plan to inform future priorities
- Satisfaction Survey: Completed initial satisfaction survey with all CSB representatives; working hard toward next steps
- Facility Financial & Operations: Identified target areas for cost savings and efficiencies
- Data Exchange: Progressing towards a new statewide Data Exchange to deliver transactional and secure data

Link to Public Dashboard dbhds.virginia.gov/aboutdbhds/strategic-plans/

The dashboard tracks progress as DBHDS works to support individuals by promoting recovery, self-determination, and wellness in all aspects of life. The dashboard is available on the DBHDS website.







Session #2

Highlighting Behavioral Health Workforce Data Carrie Sutter, DNP, CFNP

Co-Director, Center for Health Workforce at Mason
Professor of Nursing, College of Public Health School of Nursing
George Mason University

Objective:

1. Examine data related to the current trends in the behavioral health workforce.



Region 5:
Behavioral Health Demand
Health Workforce Analysis

Caroline Sutter RN DNP-BC

April 16, 2024

The Problem

Virginia's health sciences workforce is unable to meet the demand for care across nearly every sector of the industry. While efforts exist to address the challenge, there is no formal function to support scaling efforts across the Commonwealth.

There is a critical need for a short-term solution to the health workforce shortage, but a longer-term strategy is needed.

This demands a concurrent approach.

Education and training for health workforce is complex and expensive

This demands a collaborative approach.

Health sciences jobs are not just about health. Health & Life Sciences industry is a large source of local employment and it contributes to the local economy as well as the attractiveness of regions.

Health Sciences Workforce Background: VA's Health Sciences Workforce Needs Action

• Virginia's health sciences workforce is unable to meet the demand for care across nearly every sector of the industry. While efforts exist to address the challenge, there is no formal function to support scaling efforts across the Commonwealth.

The Challenge

- Demand is outpacing the supply of healthcare workers, crippled by high burnout rates & low retention rates
- Poor working conditions contribute to retention challenges across the field
- Insufficient engagement by potential employers in educating and upskilling/reskilling clinical and nonclinical practitioners
- Formal education is expensive, and weak pipelines exist to connect students from high schools and colleges to the workforce
- Salaries from other industries are more lucrative & attracting qualified workers away from health care professions
- Limited educator availability restricts opportunities for students interested in health sciences professions

The Opportunity

Design, build, and maintain a health sciences highway that provides Virginians an exciting career path with a visible impact.



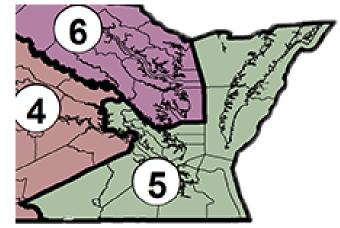
Indicates On/Off ramp between education and entering the workforce as the result of a potential certificate, degree, or licensure moment on the highway

There are roadblocks in the current highway that can be overcome with support from Virginia's leadership.

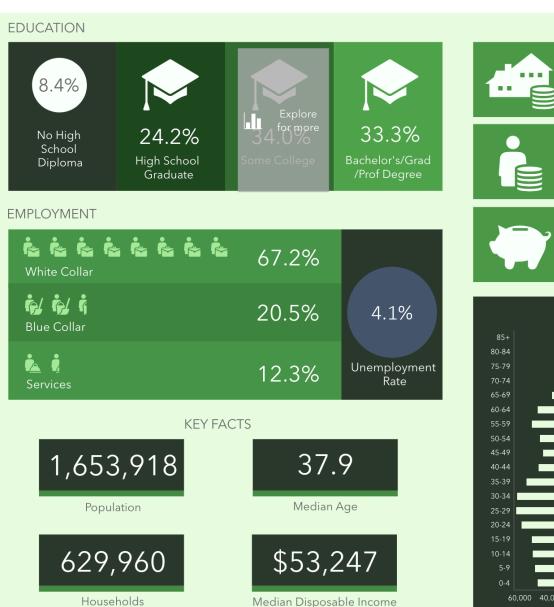


Region 5: Counties and Workforce Development Authorities

	Workforce Development	WDA
County	Area (WDA) Region	Region
Accomack	Bay Consortium	13
Northampton	Bay Consortium	13
Hampton	Greater Peninsula	14
James City	Greater Peninsula	14
Newport News	Greater Peninsula	14
Poquoson	Greater Peninsula	14
Williamsburg	Greater Peninsula	14
York	Greater Peninsula	14
Chesapeake	Hampton Roads	16
Franklin City	Hampton Roads	16
Isle of Wight	Hampton Roads	16
Norfolk	Hampton Roads	16
Portsmouth	Hampton Roads	16
Southampton	Hampton Roads	16
Suffolk	Hampton Roads	16
Virginia Beach	Hampton Roads	16



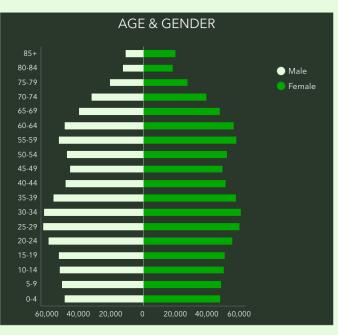






Median Net Worth

INCOME



Between 13-32% of each county population has **HS** diploma

2 of 16 counties have approximately 5% of a population with an education less than HS

Median age between 25 and 50 years old

Median HH income is **BELOW** Virginia median (\$74,222) in 9 of **16** counties

Median HH income ranges from \$41,952 and \$106,022

What are Behavioral Health Related Occupations?

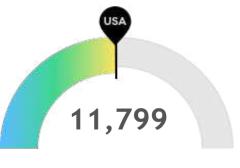
Code	Description
11-9151	Social and Community Service Managers
19-3032	Industrial-Organizational Psychologists
19-3033	Clinical and Counseling Psychologists
19-3034	School Psychologists
19-3039	Psychologists, All Other
21-1012	Educational, Guidance, and Career Counselors and Advisors
21-1013	Marriage and Family Therapists
21-1015	Rehabilitation Counselors
21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors
21-1019	Counselors, All Other
21-1021	Child, Family, and School Social Workers
21-1022	Healthcare Social Workers
21-1023	Mental Health and Substance Abuse Social Workers
21-1029	Social Workers, All Other
21-1091	Health Education Specialists
21-1093	Social and Human Service Assistants
21-1094	Community Health Workers
21-1099	Community and Social Service Specialists, All Other
29-1223	Psychiatrists
29-2053	Psychiatric Technicians
31-1133	Psychiatric Aides
	Sou

23

Source: Lightcast, March 2024

Region 5: Behavioral Health Occupations Overview

Aggressive Job Posting Demand Over an Average Supply of Regional Jobs



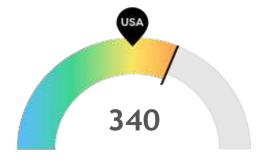
Jobs (2014)

Your area is about average for this kind of job. The national average for an area this size is 11,858* employees, while there are 11,799 here.



Compensation

Earnings are about average in your area. The national median salary for your occupations is \$51,127, compared to \$49,692 here.

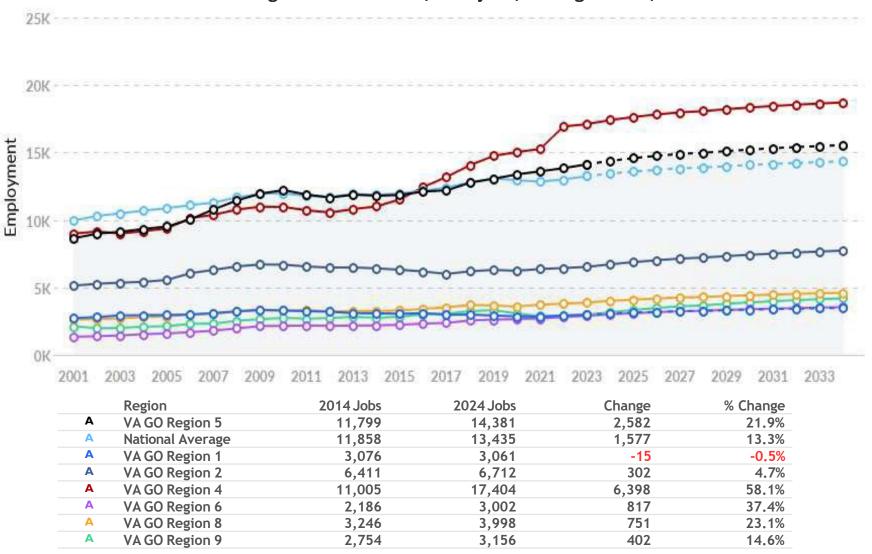


Job Posting Demand

Job posting activity is high in your area. The national average for an area this size is 242* job postings/mo, while there are 340 here.

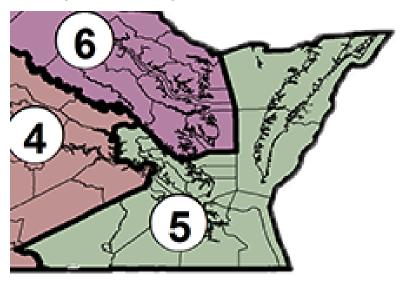
Region 5: 10-Year Job Growth

Average for Area 5 is 11,858* jobs; average US 11,799



The values represent the national average adjusted for region size.

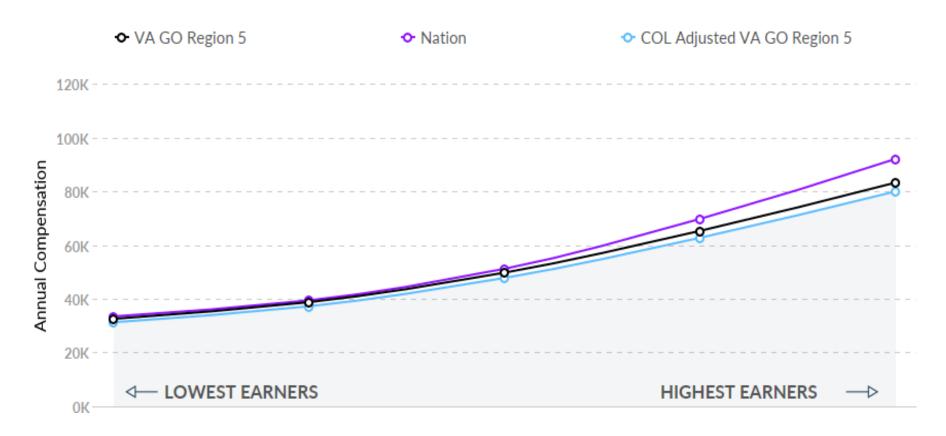
Total Behavioral Health Job Ads by City/County (2024)



County	Jobs Ads
Norfolk City County, VA	2,765
Virginia Beach City County, VA	2,445
Newport News City County, VA	1,363
Hampton City County, VA	1,240
Chesapeake City County, VA	1,151

Median Wage for Behavioral Health Jobs

2022 median wage in Region 5 is \$49,692; Virginia at \$51.478, US overall \$51,127.



Regional Compensation Is 3% Lower Than National Compensation

^{*}Cost of living (COL) adjustment

Region 5: Behavioral Health Jobs Posting Activity



41,873 Unique Job Postings

The number of unique postings for this job from Jan 2014 to Mar 2024.



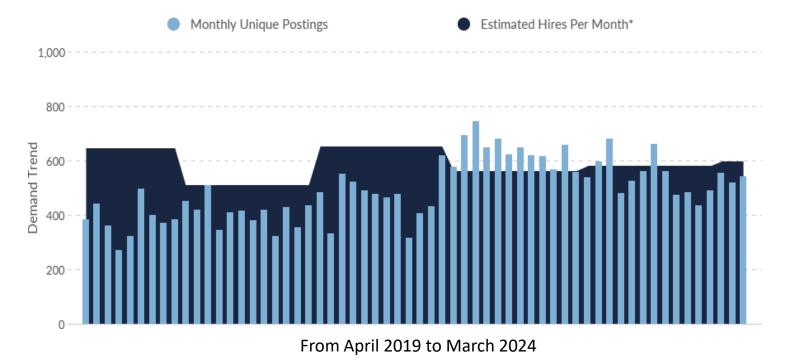
3,221 Employers Competing

All employers in the region who posted for this job from Jan 2014 to Mar 2024.



26 Day Median Duration

Posting duration is the same as what's typical in the region.



*A hire is reported by the Quarterly Workforce Indicators when an individual's Social Security Number appears on a company's payroll and was not there the quarter before. Lightcast hires are calculated using a combination of Lightcast jobs data, information on separation rates from the Bureau of Labor Statistics (BLS), and industry-based hires data from the Census Bureau.

Source: Lightcast, March 2024

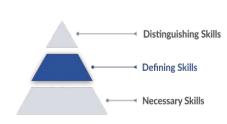
Behavioral Health Jobs: Top Companies Wanting to Hire March 2024

Top Companies	Unique Postings	Top Job Titles	Unique Postings
Commonwealth Of Virginia	1,487	School Psychologists	1,641
Elevance Health	912	Psychiatrists	1,012
Sentara Healthcare	905	Licensed Clinical Social Workers	987
LifeStance Health	787	Board Certified Behavior Analys	957
Thriveworks	603	Medical Social Workers	905
Hampton-Newport News Comm	514	Family Services Specialists	816
Universal Health Services	512	Psychiatry Physicians/Psychiatri	790
Soliant Health	507	Social Workers	712
Magellan Health	487	Qualified Mental Health Profess	705
United States Department of Ve	476	Mental Health Counselors	642

The employer with the largest need is the State of Virginia-government positions.

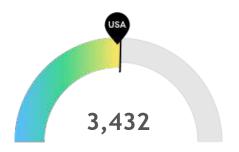
Occupational Skills Sought

An occupation's defining skills represent the day-to-day tasks and responsibilities of the job. An employee needs these skills to qualify for and perform successfully in this occupation.



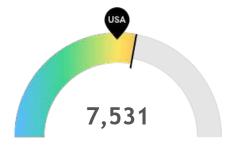
Skill	Salary Boosting	Job Postings Requesting	Projected Growth Relative Growth to Market
Social Work		11,178	+9.7% Growing
Psychology		10,249	+6.8% Stable
Mental Health		9,124	+13.2% Growing
Valid Driver's License		7,518	+7.5% Stable
Human Services		6,442	+16.1% Growing
Licensed Clinical Social Worker (LCSW)		5,963	+8.9% Stable
Case Management		5,569	+9.4% Growing
Treatment Planning		5,525	+6.7% Stable
Psychiatry		5,404	+18.8% Growing

Region 5 Population Demographics



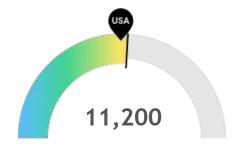
Retiring Soon

Retirement risk is about average in your area. The national average for an area this size is 3,359* employees 55 or older, while there are 3,432 here.



Racial Diversity

Racial diversity is high in your area. The national average for an area this size is 6,416* racially diverse employees, while there are 7,531 here.



Gender Diversity

Gender diversity is about average in your area. The national average for an area this size is 10,614* female employees, while there are 11,200 here.

Region 5: Lead Academic Institutions for Behavioral Health Occupations Supply







41 Programs

Of the programs that can train for this job, 41 have produced completions in the last 5 years.

5,216 Completions (2022)

Of the programs that can train for this job, 41 have produced completions in the last 5 years.

1447 Openings (2022)

The average number of openings for an occupation in the region is 118.

Region 5: Lead Academic Institutions (Supply)

Top Schools	Completions (2022)
Old Dominion University	1,247
Tidewater Community College	840
William & Mary	691
Regent University	533
Norfolk State University	406
Christopher Newport University	404
Virginia Peninsula Community College	262
Hampton University	201
Paul D Camp Community College	190
Eastern Virginia Medical School	135

Completions for the following Behavioral Health related occupations: Counselor Education/School Counseling and Guidance Services, psychologist, social workers, substance abuse/addiction counseling, etc.

Region 5: Behavioral Health Related Occupation Completions (Supply)

CIP Code	Top Programs	Completions (2022)
42.0101	Psychology, General	984
24.0102	General Studies	604
30.9999	Multi-/Interdisciplinary Studies, Other	451
45.1001	Political Science and Government, General	340
13.1101	Counselor Education/School Counseling and Guidance Serv	265
19.0709	Child Care Provider/Assistant	254
51.1599	Mental and Social Health Services and Allied Professions, O	253
24.0199	Liberal Arts and Sciences, General Studies and Humanities,	251
45.1101	Sociology, General	240
24.0101	Liberal Arts and Sciences/Liberal Studies	159

Recommendation for Next Steps

Implications of Demand and Supply Analysis

- 1. Strong demand year over year for last 10-years
- 2. Due to competition for a limited number of specialized behavioral health occupations, what could we do to expand local supply;
- 3. To optimize recruitment

Are there any bonuses you can offer for recruitment? Incentives for certification in an area of concentration Should we adopt employer reported workforce participation metrics to understand workforce recruitment/retention/turnover by occupation?

- 2. What type of partnerships should employers cultivate with academic programs to optimize regional planning for workforce development?
- 3. From ads, do we see evidence of changes in jobs related to skill delegation/practice shift or drift? Review job post qualifications wanted (are they current, priority needs?)

Questions?

For questions regarding presentation content/data, please contact:

Dr. Carrie Sutter, Principal Investigator Co-Director, Center for Health Workforce George Mason University

csutter@gmu.edu

Dr. Jenifer Meno, DNP, Regional Strategic Support
Center for Health Workforce
George Mason University

<u>Jmenoden@gmu.edu</u>

https://vahlthwf.gmu.edu/







Panel Discussion:

Mental Health Workforce in Hampton Roads

Panel Objectives:

1. Explore the challenges and strategies to recruiting and retaining a robust and diverse mental health workforce in Hampton Roads.

Moderator:

Jennifer Flaherty, Ph.D., Clinical Psychologist, Mental Health Service Line, Psychiatry and Psychology, Children's Hospital of the King's Daughters

Panelists:

Kurt Hooks, Ph.D., LPC-S, MPH, CEO of Virginia Beach Psychiatric CenterShawn Avery, President and CEO, Hampton Roads Workforce CouncilAngela Sheaffer, DNP, RN, CCRN-K, Dean of Nursing and Allied Health, Camp Community College







Panel Discussion:

Improving Health Outcomes in the Mental Health Workforce through Programmatic Support

Panel Objectives:

- 1. Examine funded programs that support needs and address gaps of the behavioral health workforce.
- 2. Determine opportunities for connections and alignment on funding, programs, partners and resources.

Moderator:

Brynn Sheehan, Ph.D., Associate Professor, Psychiatry and Behavioral Sciences, Director, Research and Infrastructure Service Enterprise (RISE), EVMS

Panelists:

Linda Rice, Ph.D., Vice President for Grant Making, Hampton Roads Community Foundation Jessica Mullen, Program Officer, OBICI Foundation

Maninder Singh, MD, Chief of Mental Health and Behavioral Sciences, Hampton VA Healthcare System

Improving Health Outcomes in the Mental Health Workforce through Programmatic Support

DR. LINDA M.RICE
HAMPTON ROADS COMMUNITY FOUNDATION
APRIL 16, 2024

HAMPTON ROADS COMMUNITY FOUNDATION

By the Numbers:

- More than \$497 million Total assets
- 635+ Total number of charitable funds started by donors
- More than \$26 million Total grants and scholarships paid in 2023
- Over \$1.6 million Total scholarships awarded in 2023-24 to help 443 students go to college
- Over \$391 million Total amount of grants and scholarships awarded since 1950 to improve the quality of life in southeastern Virginia



- **♦ Cultural Vitality**
- ♦ Economic Stability
- ♦ Educational Success
- Environmental
 Stewardship
- ♦ Health & Wellness
- ♦ Scholarships
- **♦ Vibrant Places**



NONPROFIT ORGANIZATIONS PROVIDING MENTAL HEALTH SERVICES

CHAS Foundation

Sarah Peterson Foundation

PIN Ministries

CHKD

Hearts Full of Grace

Quality of Life

Community of Change, INC.

Postpartum Support Virginia

Blakey Weaver Counseling

Center

Domestic Violence shelters

The Up Center

Catholic Charities of Eastern VA



NONPROFIT MILITARY-RELATED MENTAL HEALTH SERVICES

Steven A. Cohen Military Family Center at The Up Center

Trails of Purpose

*Headstrong Foundation

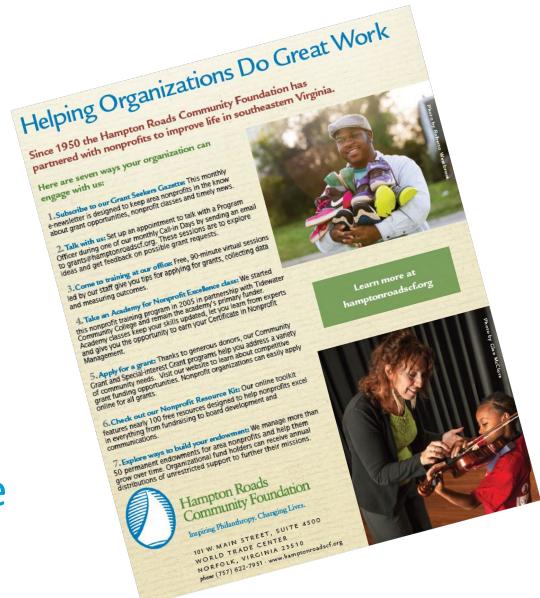
*Hero Kids Foundation



HOW WE HELP NONPROFITS

- Training
- Affinity Group
- Call-in-Day
- Technical Assistance
- Resource tool kit
- Grant Seekers Gazette











Panel Discussion:

Mental Health Resources in Hampton Roads

Panel Objectives:

1. Discuss the use of crisis and resource lines in accessing mental health resources and services for the behavioral health workforce and the community.

Moderator:

Susannah Uroskie, Board President, NAMI Coastal Virginia

Panelists:

Megan Flaherty, LCSW, Community Engagement Partnership Coordinator, Hampton VA Suicide Prevention Shirley Brackett, Director of Crisis Response, ForKids

Staci Young, LPC, Director of Acute Care Services, Western Tidewater CSB

2023 National Suicide Prevention Annual Report



Key Findings 2020-2021

Suicide mortality increased for Veterans and non-Veteran U.S. adults

• The age-and sex-adjusted suicide rate for Veterans rose 11.6% from 2020 to 2021, and for non-Veteran U.S. adults, the adjusted rate rose 4.5%.

Count and rate

- There were 6,392 Veteran suicide deaths in 2021.
 - This was 114 more than in 2020.

Leading cause of death

• In 2021, suicide was the 13th-leading cause of death for Veterans overall.

Method

 Among U.S. adults who died from suicide in 2021, firearms were more commonly involved among Veteran deaths (72.2%) than among non-Veteran deaths (52.2%).







CHAT VeteransCrisisLine.net/Chat



TEXT 838255





Support for All Who Serve

The Military Crisis Line is a free, confidential resource for all service members, including members of the National Guard and Reserve, and Veterans, even if they're not enrolled in VA benefits or health care.



















Welcome to the Veterans Self-Check Quiz!

The Department of Veterans Affairs and the National Suicide Prevention Lifeline have joined with the American Foundation for Suicide Prevention to create the Veterans Self-Check Quiz. This is a safe, easy way to learn whether stress and depression might be affecting you.

Using this service is completely voluntary and confidential.

You must be at least 18 years old to complete the Self-Check Quiz.

If you are in need of immediate assistance call 988 (press 1). Text to 838255 or, click below for an online Chat.



Veterans Crisis Line by the Numbers

In Fiscal Year 2023

- The VCL dispatched emergency services for callers in immediate danger an average of 129 times per day
- Received an average of 2255 calls per day
- Received an additional 492 contacts through chat and text programs
- Answered 96.4% of calls in 20 seconds or less with an average speed of 9.6 seconds



The Veterans Crisis Line is available for **all** Veterans and their loved ones.



Veteran Perception of the VCL

A 2021 study sought to understand Veterans' satisfaction with VCL:

- 87% of Veterans expressed satisfaction with the VCL
- 72% said it kept them safe
- 82% said the contact with VCL helped stop them from killing themselves
- The primary themes for those contacting the crisis line were "general crisis management," followed by "advocacy and connection to resources"
- When asked about what would make their experience better, the major theme was improvement in general interventions
 - This feedback has informed development of new VCL programs such as Caring Letters and the Peer Support Outreach Center





2007





Launched online chat

2009



Introduced Veterans Crisis Line branding

2010



Launched

text 838255

2011



Increased number of responders by 50%

2012



Opened second and third call centers; Increased staff

2016 & 2018



Started Caring Letters program

2020



Launched Peer Support Outreach Center

2021



Launched Dial 988 then Press 1

2022



More than 7.6 million calls



More than 360,000 texts



More than 910,000 chats



More than 1.4 million referrals

to VA Suicide Prevention Coordinators

More than

313,000 dispatches of emergency services

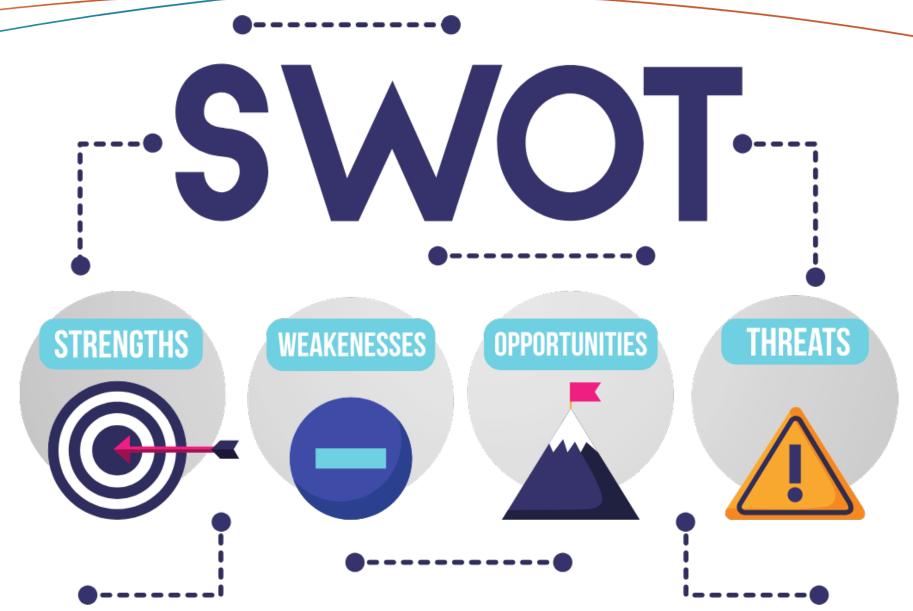


Regional Alignment: Accessing and Navigating Mental Health Resources and Services

Jennifer Flaherty, Ph.D., Clinical Psychologist, Mental Health Service Line, Psychiatry and Psychology, Children's Hospital of the King's Daughters

Matt Herman, MPH, CHES, Associate Director,
M. Foscue Brock Institute for Community & Global Health, Instructor,
Pediatrics, Community Health & Research, Eastern Virginia Medical School





Strengths

Strengths are characteristics of our region that place us at an advantage over others. When determining strengths of our region, consider these questions:

- What advantages does our region have? What do we do better than anyone else?
- What do other regions, organizations or community members see as our strengths?
- What resources can we access? What connections or networks can we take advantage of?
- What achievements are we most proud of?

Weaknesses

Weaknesses are characteristics that place our region at a disadvantage. To determine our region's weaknesses, ask yourselves:

- What could we improve? What should we avoid?
- What are other regions, organizations or community members likely to see as our weaknesses?
- Where do we have fewer resources than other regions?

Opportunities

Opportunities are factors that our region can take advantage of in growing and developing better behavioral health workforce, policies, and resources. The answers to these questions will help you to brainstorm opportunities and future successful programs/tactics/projects that will help our region shine!

- What good opportunities can you spot? What interesting trends are you aware of?
- Do you have a network of strategic contacts and resources to help, or offer good advice?
- Is there a need in the surrounding community that no one is filling?
- How can you turn your strengths into opportunities?

Threats

Threats are elements in the environment around us that can cause trouble or barriers for our region. Take a look at other regions, current events, and the changing climate for possible threats.

- What obstacles do we face?
- What are other organizations/regions doing?
- Could any of our weaknesses seriously threaten our region?
- Is the demand for our region changing?

Instructions

- 1. Self-select which perspective you'd like to contribute to:
 - a. Community (by the windows)
 - b. Government (the back of the room)
 - c. Business (on the side with the entry doors)

When choosing, you do not need to align with what matches your employment/education- pick whichever one you like!

Instructions

- 2. To help you work out your ideas, you can:
 - a. Use dry-erase markers to write on the boards stationed around the room
 - b. Write on sticky notes and attach them to the boards
 - c. Use the paper SWOT handouts to help you work through your analysis with your group.

Questions to consider...

- How can we strengthen relationships between resources and partners?
- What strategies can we implement to help our community better access services/resources?
- What can we do better to support the behavioral health workforce?
- Where can future funding go to better support these initiatives?
- How can we raise awareness about resources that are accessible?
- What role do policies and systems play in behavioral health as it relates to Community/Business/Government?
 What can we do to influence, change, support these?





Closing Remarks, Next Steps & Evaluations

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Thank You For Attending!

Questions, comments and/or concerns, email: brockinstitute@evms.edu

