“Working in a rural state with only one public inpatient psychiatric facility, it is important to have access to organizations that are up on the latest changes and expectations in care. Without WICHE, we would have had no way of assuring quality care to high needs vulnerable adults with mental illness in our community.”

ZOE BARNARD
Addictive and Mental Disorders Division, State of Montana Mental Health Commissioner
“There is a future in mental health, and there is a need in mental health. One of our biggest challenges is stigma...The distance between where we sit as mental health and where surgeons sit as physicians is a big difference. This all goes back to stigma. Stigma is a nice way to say discrimination, that we treat people with mental illness differently.”

DENNIS MOHATT
Keynote presenter at the Wayne State College Mental Health Conference, Fall 2019
Dear Friends and Partners,

The Behavioral Health Program of the Western Interstate Commission for Higher Education has engaged partners like you for nearly 70 years. Our program was created at the direction of the Western governors shortly after WICHE was founded in 1953, and our focus then and today is a collaboration with our member states, U.S. territories, and freely associated states to improve our public systems of care and meet the evolving behavioral health needs in our communities.

Together with you, these efforts help improve these systems of care and build and sustain a high-quality behavioral health workforce, which is needed now more than ever. Like other programs in WICHE’s broad and deep portfolio of work, we accomplish this by promoting innovation, sharing resources, and promoting sound public policy. The WICHE Behavioral Health Program expands the capabilities of partners like you through technical assistance, research and evaluation, and professional development. As we do our work, that cumulative knowledge of our region informs our partners across the region.

The Behavioral Health Program and its staff have been busy in fiscal years 2020 and 2021. This report provides you with a snapshot of our efforts across the West. Highlights include:

• **Doctoral clinical psychology internship programs** in Alaska, Hawai‘i, Nevada, Oregon, Idaho, New Mexico, Utah, and our newly developing program in Guam.

• Our **Together With Veterans** rural military veteran suicide prevention program in collaboration with the Rocky Mountain Veterans Administration Mental Illness Research, Education and Clinical Centers, which continues to expand through new community-based efforts.

• **Fidelity Review** of evidence-based practices in Arizona, Montana, and South Dakota, which includes training to support continuous improvement in the areas of assertive community treatment, supported housing, supported employment, and consumer operated services for persons with serious mental illnesses.

The work described within this report is illustrative of both our breadth of work, our capabilities, and the value we bring to our partners. As you receive this report, we’re already engaged in another busy year supporting our partners throughout and beyond the WICHE West.

Sincerely yours,

Dennis F. Mohatt  
Vice President for Behavioral Health

Demarée Michelau  
WICHE President

This report covers fiscal years 2020 and 2021.
COLLABORATIONS IN ALASKA

Alaska Psychology Internship Consortium

The Alaska Department of Health and Social Services (DHSS), Division of Behavioral Health, and the Alaska Mental Health Trust Authority contracts with the WICHE BHP to support the Alaska Psychology Internship Consortium (AK-PIC) in gaining American Psychological Association Accreditation and training of students enrolled at the University of Alaska’s PH.D. program in Clinical-Community Psychology, as well as other psychology doctoral students who wish to train and work in Alaska.

Project Lead: Debra Kupfer

ak-pic.org

Alaska Psychiatric Institute Technical Assistance

The Alaska DHSS, Division of Behavioral Health contracts with the WICHE BHP to provide technical assistance to the Alaska Psychiatric Institute.

Project Lead: Debra Kupfer

FASD Telehealth Feasibility Study

The Alaska Mental Health Trust Authority selected the WICHE BHP to develop a financially sustainable model and recommendations for the use of telehealth/telemedicine technology to support a continuum of Fetal Alcohol Spectrum Disorder (FASD) screening and diagnosis in Alaska.

Project Lead: Debra Kupfer

API Privatization Feasibility Study

The State of Alaska contracted with the WICHE BHP to conduct a comprehensive study of the feasibility of privatizing the Alaska Psychiatric Institute (API), examining both quantitative and qualitative data, and reviewing psychiatric hospitals from across the country that have been privatized to develop potential operational models. The WICHE BHP partnered with the National Association of State Mental Health Program Directors Research Institute (NRI) to provide a comprehensive project team.

Project Lead: Debra Kupfer
Arizona Evidence-Based Practices Fidelity Monitoring

The WICHE BHP partners with the Arizona Health Care Cost Containment System to support fidelity reviews of four evidence-based practices in the Maricopa County public behavioral health system. In addition, two evidence-based practices are being reviewed in the northern and southern regions of the state. The WICHE BHP employs and supports the project lead and two fidelity reviewers.

Project Lead: Rebecca Helfand

Arizona Mercy Maricopa Evidence-Based Practices

The WICHE BHP collaborates with Mercy Care Arizona to provide training, education, and guidance concerning evidence-based practices (EBP) and fidelity tools to ensure provider staff are offering high quality EBP and are ensuring fidelity to identified EBP protocols.

Project Lead: Debra Kupfer

Arizona Mercy Maricopa Training

The WICHE BHP collaborates with Mercy Care Arizona to develop and conduct a training academy to increase workforce expertise by implementing training strategies for three evidence-based practices: Trauma-Focused Cognitive Behavioral Therapy; Transition to Independence Model; Infant-Toddler Mental Health Coalition of Arizona 0-5 Training, and Cognitive Behavioral Therapy for Substance Use Disorders including Opioids.

Project Lead: Debra Kupfer
Building Hope Summit County Treatment Capacity Project

Through a competitive request for proposal process, the WICHE BHP was awarded a contract with Building Hope Summit County, a nonprofit community initiative creating solutions to Summit County Colorado’s mental health care system challenges. The WICHE BHP is performing a study of behavioral health treatment capacity in Summit County and developing recommendations to improve both the numbers of providers in the area and their expertise to best serve residents.

Project Lead: Liza Tupa

Guam Psychology Internship Program

The Guam Behavioral Health and Wellness Center (GBHWC) has contracted with the WICHE BHP to facilitate development of a Doctoral Psychology Internship Program to support the preparation and retention of doctoral-level psychologists in Guam. The BHP is working with GBHWC to ensure the program meets the accreditation requirements of the American Psychological Association (APA), and to support the internship program through the accreditation process.

Project Lead: Dennis Mohatt

guam-pic.org
Hawai‘i Department of Education: Supplement Recruitment of Clinical Psychologists

The Hawai‘i Department of Education has contracted with the WICHE BHP to recruit and contract with clinical psychologists to ensure all program requirements for supervision and support of staff, students, and program fidelity are maintained for West Hawai‘i’s School Based Behavioral Health (WH-SBBH) program. The WH-SBBH program has historically faced significant challenges recruiting and retaining professionals for service provision because of the rural and workforce challenges that leave WH-SBBH without the needed professional credentials to supervise and train new SBBH personnel.

Project Lead: Erin Briley

Hawai‘i Psychology Internship Consortium

The WICHE BHP continues to assist the State of Hawai‘i in the operation and continuous accreditation of its psychology internship consortium. A primary goal of the internship is to increase the number of psychologists in Hawai‘i and build the state's behavioral health workforce. Three Hawai‘i state agencies (Department of Education, Department of Health, and Department of Public Safety) provide funding to support the WICHE BHP’s ongoing development and operations of the Hawai‘i Internship Program (HI-PIC).

Project Lead: Erin Briley

hi-pic.org

“Through AK-PIC, I completed a rural village-based rotation in communities of Nome and Teller, where I learned firsthand how generational and cultural trauma affects individuals, families, and communities. As a first-generation college student from California, I never imagined I would have the opportunity to travel to Alaska, where I completed a post-doctoral fellowship. I now call the 49th state my home, having accepted a position as clinical psychologist and supervisor for the Providence Crisis Recovery Center in Anchorage.”

SARAH SANDERS, PHD
Anchorage, Alaska
Montana Zero Suicide

The rate of loss of life caused by suicide in Native American communities in Montana is the highest in the nation. The State of Montana has retained the WICHE BHP to assist urban and reservation-based Native American primary care clinics in developing protocols and skills to help prevent suicides in Native American communities. WICHE is assisting in assessing the training needs of up to six primary care clinics and their respective communities and is delivering training on the Suicide Prevention Toolkit for Primary Care Practices with a focus on societal and clinical issues specific to Native Americans. WICHE also developed an American Indian Addendum for the Suicide Prevention Toolkit for Primary Care Practices for use in this and other training.

Project Lead: Dennis Mohatt

Idaho Psychology Internship Consortium

The WICHE BHP is working with partner agencies to develop a broad and culturally relevant training program to support the preparation and retention of doctoral-level psychologists in Idaho through the Idaho Psychology Internship Consortium (ID-PIC). The WICHE BHP facilitates program development, ensures the program meets American Psychological Association (APA) accreditation standards and assists in the accreditation process. As the program has successfully recruited the minimum required number of interns for the 2020-21 training year, ID-PIC will move forward with the accreditation process, including preparing and submitting a comprehensive self-study and scheduling an accreditation site visit.

Project Lead: Dennis Mohatt

idaho-pic.org
Montana PACT Fidelity Reviews

The WICHE BHP is providing consultation and technical assistance to the Montana Department of Public Health and Human Services Addictive and Mental Disorders Division regarding the implementation of its Program for Assertive Community Treatment (PACT). This work will begin with fidelity assessments of each PACT in Montana using the SAMHSA Assertive Community Treatment Fidelity Review Toolkit. Based on areas of need established by the fidelity reviews, WICHE will design and implement improvement activities including education, training, and consultation.

Project Lead: Rebecca Helfand

Montana State Hospital Spratt Study

The WICHE BHP contracted with the Montana Department of Public Health and Human Services to provide a clinical review of the Spratt Unit at the Montana State Hospital. Report findings included recommendations that balance licensure, budget, and staffing, with patient care being the highest concern.

Project Lead: Dennis Mohatt

Nevada Psychology Internship Consortium

The WICHE BHP continues to provide support to the Nevada Division of Public and Behavioral Health for the ongoing operations and accreditation of the Nevada Psychology Internship Consortium (NV-PIC), which aims to increase the number of psychologists in Nevada and build the state’s behavioral health workforce.

Project Lead: Erin Briley

nv-pic.org
New Mexico Psychology Internship Consortium

The State of New Mexico contracted with the WICHE BHP to provide consultation and technical assistance to develop and implement a Doctoral Psychology Internship Consortium. The consortium will help build quality behavioral health resources in rural areas of the state. The focus of this work is facilitating the development of the program, ensuring that the internship program meets the accreditation requirements of the American Psychological Association (APA), and supporting and assisting the internship program from initial planning through the accreditation process.

Project Lead: Dennis Mohatt

nm-pic.org

Oregon State Hospital Psychology Internship Program

The WICHE BHP continues to assist the Oregon State Hospital Psychology Internship Training Program by providing support for the internship website.

Project Lead: Dennis Mohatt

oshpip.org
South Dakota IMPACT Fidelity Reviews and Training

The WICHE BHP is providing consultation and technical assistance to the South Dakota Division of Behavioral Health regarding the implementation of their Individualized Mobile Programs of Assertive Community Treatment (IMPACT). The focus of this work includes conducting quality assurance reviews based upon the state-specific IMPACT Quality Assurance Scale and the design and implementation of activities based on areas of need, established by the quality assurance scale findings and previous SAMHSA fidelity reviews, along with providing education, training, and consultation.

Project Lead: Rebecca Helfand
Utah Psychology Internship Consortium

With support from the Utah Medical Education Council, the WICHE BHP worked with partner agencies to develop a broad and culturally relevant training program to support the preparation and retention of doctoral-level psychologists in Utah. Currently, the WICHE BHP is providing consulting services to the Utah Psychology Internship Program, including updating and migrating the website, attending monthly training committee meetings and advising on operational issues relating to intern performance.

**Project Lead: Dennis Mohatt**

[ut-pic.org](http://ut-pic.org)

Statewide Needs Assessment

The Wyoming Department of Health, Behavioral Health Division, contracted with the WICHE BHP to conduct a statewide needs assessment. This project included an assessment of the strengths and weaknesses of the public behavioral health care system, as well as an assessment of the existing data infrastructure. WICHE’s final report included recommendations for programmatic and data system improvements that the State of Wyoming can make to improve service delivery and data storage.

**Project Lead: Rebecca Helfand**

“Encouraging students at WSC to consider careers as rural mental health professionals is important, as many are from rural communities and are best equipped to return home and be the caring professionals we need.”

**DENNIS MOHATT**

Keynote presenter at the Wayne State College Mental Health Conference – Fall 2019
Collaborations with West Virginia University

**West Virginia University**

The WICHE BHP provided consultation services to the West Virginia University (WVU) Office of Health Affairs for the Centers for Medicare & Medicaid Services, Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (the SUPPORT ACT). The purpose of the project was to expand availability of quality, evidence-based treatment, and provider capacity for Medicaid recipients with mental or substance use disorders. The WICHE BHP focused its work with the WVU Office of Health Affairs on the subpopulation of those living in rural West Virginia, helping to develop strategies to improve retention of a highly skilled workforce, and expand the infrastructure and SUD treatment and recovery support capabilities.

**Project Lead: Dennis Mohatt**

**National Institutes of Health**

The WICHE BHP was selected by the National Institutes of Health (NIH) to prepare an electronic book and annotated bibliography, *Mental Health in Rural America 2006–2020*, summarizing research findings on mental health and substance use in rural America and to incorporate stakeholder input regarding exemplary research, lesser known but still impactful research, and the research gaps and priorities in this area. This book will provide researchers, policymakers, educators and health care providers with the latest information and results from research concerning mental illness, mental health, and substance use in rural areas, as well as with information about gaps in current research and priorities for future research needs. The Principal Investigator for this 18-month project, Dennis Mohatt, was involved with the development of previous versions.

**Project Lead: Dennis Mohatt**
Working with the Health Resources and Services Administration (HRSA) and the Federal Office of Rural Health Policy (FORHP), the Rural Communities Opioid Response Program (RCORP) is a multi-year initiative that addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD), in rural communities. During FY 2021, the WICHE BHP, through a sub-award agreement with JBS International, provided intensive technical assistance to support 41 designated grant award recipients of the RCORP-Planning and Implementation programs, in their efforts to implement and sustain prevention, treatment, and recovery services to address the opioid epidemic in rural communities.

RCORP focus of WICHE’s grant initiatives includes:

**Planning Grants** designed to strengthen the capacity of multi-sector consortia to develop plans to implement and sustain SUD/OUD prevention, treatment, and recovery services in rural communities, over the course of a one-year project period. Award recipients received up to $200,000 each over an 18-month period.

**Implementation Grants** designed to strengthen and expand SUD/OUD prevention, treatment, and recovery services in designated rural areas. Award recipients receive up to $1 million each over a three-year period.

**Project Lead:** Debra Kupfer
“Rural Veterans provide the leadership in their community to develop an evidence-informed suicide prevention process. WICHE provides program tools and support. TWV gives local veterans a meaningful and informed platform to advocate for themselves and each other.”

GINA BRIMNER
Director of Veterans Initiatives, WICHE Behavioral Health Program

Together With Veterans (TWV) is funded by the U.S. Department of Veterans Affairs Office of Rural Health and supported by the VA Office of Mental Health and Suicide Prevention. It is a partnership of the VA Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC), the WICHE BHP, and rural Veteran-led suicide prevention partnerships. The WICHE BHP engages Veterans to build local teams with community partners. WICHE provides training, tools, and support for these teams to assess community strengths, needs, and resources to create and implement an evidence-informed suicide prevention plan.

WICHE has played an integral role since the inception of TWV in 2015, developing the design of TWV and creating program tools and resources, including a web portal to support program implementation and evaluation.

TWV guiding principles:

- **Veteran-driven**, utilizing a local Veteran majority leadership structure
- **Collaborative**, engaging community partners
- **Evidence-informed** approach to suicide prevention
- **Community-centered** to addresses the unique strengths, needs, and resources of the community it serves

From inception through fiscal year 2021, the WICHE BHP has established 22 rural TWV sites across 16 states and territories, including six WICHE member states and territories. WICHE will onboard 14 additional sites in the coming year.

Other WICHE activities this year included:

- Converted program model from facilitating teams on-site to training local leadership to facilitate a Veteran suicide prevention planning process in their community. WICHE’s role shifted to supporting that leadership with tools, coaching, and training.
- Adapted materials and training processes to virtually engage and onboard new sites and support program implementation.
- Drafted a new program toolkit to reflect VA adaptations to suicide prevention strategies.

Project Lead: Gina Brimner

mirecc.va.gov/visn19/togetherwithveterans
The WICHE BHP, in partnership, with the University of North Dakota College of Nursing and Professional Disciplines, continued to co-administer the Mountain Plains Mental Health Technology Transfer Center (MP-MHTTC) grant.

Funding for the five-year MP-MHTTC grant comes from the Substance Abuse and Mental Health Services Administration (SAMHSA). Rural mental health is the focus area of the grant, and it provides for the development and implementation of free training, technical assistance, and other resources for the behavioral and mental health workforce in the U.S. Department of Health and Human Services (HHS) Region 8 states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

In addition to the main grant, SAMSHA funded the MHTTC School Mental Health Supplement (SMH), administered by the WICHE BHP, for Years 2 and 3. The SMH grant has been funded for Year 4. In Year 3, SAMSHA also funded a Provider Well Being Supplement to provide support and relief to the behavioral and mental health workforce from the impact of COVID-19.

In Year 1, the MP-MHTTC completed an extensive regional needs assessment enabling the WICHE BHP to host training and provide technical assistance in the identified areas of need during Years 2 and 3. Areas of training included suicide prevention, suicide training for primary care providers, mental health courts, the intersection of intellectual disabilities and mental illness, traumatic brain injury, and mental health practices for providers working with college-age youth.

Leadership development is another area of focus. The WICHE BHP hosted the inaugural Mountain Plains MHTTC Leadership Academy in 2019 at the WICHE offices in Boulder, Colo. Each of the HHS Region 8 states selected representatives from their behavioral and mental health workforce to attend. Participants learned about several mental health workforce models that have garnered successful results in similar rural communities. Additionally, the co-directors hosted a summit for western state MHTTC directors in late 2019.

The WICHE BHP also produced a brief that addressed the severe shortages in the rural behavioral health workforce: Addressing Rural Behavioral Workforce Shortages: Lessons Learned from a Rural Psychology Internship drew from research and data obtained from the WICHE BHP Psychology Internship program.

Starting in late winter/early spring of 2020, the WICHE BHP pivoted to one hundred percent online training in response to COVID-19 restrictions. In addition to its regular training topics, the WICHE BHP, in collaboration with Mid-America MHTTC, responded to providers’ urgent need for telehealth basics, by co-hosting a 5-week series, TLC Tuesdays, that provided basic telehealth training for providers new to telehealth delivery. The WICHE BHP hosted a webinar series featuring Alison Malmon, founder of Active Minds, which drew over 3,000 registrants in April 2020. The series featured two webinars; Campus Mental Health: Supporting College Students During a Pandemic and Campus Mental Health – How Do We Come Back to the New Normal.

In Year 3, the WICHE BHP continued holding all training and events online by modifying its Leadership Academy format and curriculum to a virtual format. The Leadership Academy accepted applications from over 25 participants from all six HHS Region 8 states and has continued to develop its leadership cadre by meeting monthly. Training for college-age mental health providers continued with a series of webinars featuring clinicians/trainers from Weill Cornell Medicine | NewYork Presbyterian Youth Anxiety Center | Columbia University.

Continued on page 17
The Western States Decision Support Group (WSDSG) is an information-sharing network for state government behavioral health data and evaluation staff and managers from the WICHE states and territories. Since 1985, the WICHE BHP has managed initiatives including information sharing platforms and support to stay apprised of developments and best practices in the field of behavioral health data and evaluation.

**Project Lead: Rebecca Helfand**

### MP-MHTTC

The WICHE BPH expanded these training efforts using funds from the Provider Well-Being supplement. The same clinicians/trainers from Weill Cornell | NewYork Presbyterian Youth Anxiety Center led a Community of Practice (CoP) for college mental health providers. This CoP trained college mental health providers in wellness strategies and resiliency-building exercises over two months. Funding from this supplement also allowed the WICHE BHP to provide additional trainings for providers on compassion fatigue, mental wellness, and developing resilience throughout the spring and summer of 2021.

At the beginning of the second year, the WICHE BHP team working on the SMH supplement convened The Higher Education Teacher Preparation workgroup to discuss the need to increase mental health awareness and skills in training programs for emerging teachers. The white paper, *Helping Teachers Support Student Mental Health: Recommendations for Strengthening K–12 Teacher Preparation Curricula*, provided recommendations to higher education institutions, about the value of incorporating mental-health and wellness training into K–12 teacher-preparation programs to assist teachers in feeling better prepared to address mental health issues in the classroom.

In Year 3, a key initiative for the SMH supplement was providing training and technical assistance focused on trauma-responsive practices in schools. Included with this series of trainings was two Training of the Trainer (TOT) events. Ongoing technical assistance to help support training implementation and sustained integration of trauma-informed practices in schools was also provided.

**Project Lead: Dennis Mohatt**

[link to website]
The WICHE Behavioral Health Program (BHP) is one of two self-funded units within WICHE, and as such, must earn sufficient revenue to cover all expenses. Additionally, the BHP is required to maintain a reserve to ensure stable operations in lean economic times. In FY 2020 and FY 2021, revenue exceeded expenses, allowing the unit to contribute to its reserve fund in both years. As shown in Figure 1, revenue increased from $4.45 million in FY 2020 to $5.07 million in FY 2021. The BHP anticipates that revenues will again increase slightly in FY 2022.

**FIGURE 1: Total FY 2020 and FY 2021 Actual Revenue vs Expenditures**

Continued on page 19
The largest growth in revenues has come from federally-funded projects, including the VA-funded Together With Veterans – Rural Veteran Suicide Prevention Program, the SAMHSA-funded Mental Health Technology Transfer Center (MHTTC), and the HRSA-funded Rural Communities Opioid Response Program (RCORP). Additionally, the BHP was awarded a new contract with the NIH to update its Mental Health in Rural America publication. As shown in Figure 2, in FY 2021 federal sources of revenue accounted for approximately 44.0% of all revenue generated by the BHP, which is an increase from 38.0% in FY 2020. Conversely, revenue from contracts with state agencies, non-profits and other sources decreased from 54.3% in FY 2020 to 48.5% in FY 2021.

**FIGURE 2: FY 2020 AND FY 2021 Sources of Revenue**

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>FY2020 Actual Revenue</th>
<th>FY2021 Actual Revenue</th>
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<tbody>
<tr>
<td>STATE SUPPORT FEES</td>
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<tr>
<td>INDIRECT COSTS</td>
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<tr>
<td>STATE/OTHER REVENUE</td>
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</tr>
</tbody>
</table>

Continued on page 20
Similar to previous years, the largest portion of actual FY 2020 and FY 2021 expenditures was for staff salaries and benefits at 51.6% and 48.8% respectively, as shown in Figure 3 above. The BHP’s use of consultants increased significantly in FY 2021 (31.4%) as compared to FY 2020 (20.4%). The single largest impact of the pandemic on the BHP’s operations was the dramatic decrease in travel expenses, dropping from 7.0% of total expenditures in FY 2020 to 0.3% of total expenditures in FY 2021. As travel restrictions ease, the BHP anticipates a steady increase in travel expenses in FY 2022.
BEHAVIORAL HEALTH OVERSIGHT COUNCIL

Founded in 1955, the mission of the WICHE Behavioral Health program is twofold: 1) to assist states in improving systems of care for behavioral health consumers and their families and 2) to advance the preparation of a qualified behavioral health workforce in the West. The program collaborates with states to meet the challenges of changing environments through regional research and evaluation, policy analysis, program development, technical assistance, and information sharing.

The Behavioral Health Oversight Council is the WICHE Behavioral Health Program’s advisory board. The Behavioral Health Oversight Council is composed of the chief state behavioral health official from each WICHE state and two representatives of the WICHE Commission.

The purpose of the Behavioral Health Oversight Council is to advise in establishing the programmatic and fiscal direction of the program; to provide active representation of the public behavioral health service system in the program’s formulation of its policies, objectives, and priorities; and to advocate for financial and participatory support of the program.

**2019–2020 COUNCIL MEMBERS**

- Jude Hofschneider, CNMI (Chair & WICHE Commissioner)
- Ray Holmberg, North Dakota (WICHE Commissioner)
- Doug Thomas, Utah (Chair)
- Steve Allen, Oregon
- Theresa C. Arriola, Guam
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- Sue Birch, Washington
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- Jami Snyder, Arizona
- Doug Thomas, Utah
- Robert Werthwein, Colorado
- Tiffany Wolfgang, South Dakota
- Stephanie Woodard, Nevada

**2020–2021 COUNCIL MEMBERS**

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- Matt Petry, Wyoming
- Kelly Pfeifer, California
- Pam Sagness, North Dakota
- Reyna Saures, CNMI
- Jami Snyder, Arizona
- Doug Thomas, Utah
- Keri Waterland, Washington
- Robert Werthwein, Colorado
- Tiffany Wolfgang, South Dakota
- Stephanie Woodard, Nevada
THE WICHE BEHAVIORAL HEALTH PROGRAM’S MISSION IS VERY SIMPLE...
Focusing on improving services and building a qualified workforce responsive to, and informed by, persons with behavioral health challenges and their families. In the past 65 years much has changed, but our mission has remained consistent. Our job is to support our member states and territories in a manner that extends capacities and informs action.
Since 1953, the Western Interstate Commission for Higher Education has been strengthening higher education, workforce development, and behavioral health throughout the region. As an interstate compact, WICHE partners with states, territories, and postsecondary institutions by sharing resources to address some of our society’s most pressing needs. Through tuition savings programs, sound public policy, technology advancements, and behavioral health initiatives, WICHE helps improves lives across the West.

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