

May 4, 2022 | 10:00am-11:00pm

Meeting materials: [www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-may2022](http://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-may2022)

## 10:00-10:05 Welcome & Recap of last month's discussion

- Please update your Zoom name to include your organization. Thank you!
- Charter approval & equity principles discussion –
  - We've spent the last few months building our charter and developing our guiding principles. Charter includes a member agreement.
- Membership agreement reminder
  - Many have signed it already, but please sign if you haven't: <https://forms.office.com/r/WVFz4bbv8v>. Reminder that non-voting members (state level agencies and MCOs) can participate in discussion but should abstain from voting.

## 10:05-10:40 Participatory Budgeting

### Participatory Budgeting Overview Identified categories (aka "buckets")

- PB is a democratic and collaborative engagement process that allows members of a community to decide how to allocate a pot of funds.
- Started with city governments - used for citizens to determine how a portion of public funds were used. Organizations have adapted this method to use in collaboratives like the Forum.
- Brings together individual voices into a collective decision about money.

### Identified categories (aka "buckets")

High level categories that the group has discussed and decided on in the past.

- **Workforce retention & expansion** – retain current workforce and expand, consider skill development and credentialing.
- **Peers & CHWs** - continue to increase opportunities for people with different titles (CHW, Peer, Care Navigator, etc.) to be supported, trained, connected to hiring opportunities.
- **Training & education** – Evidence Based Practices (EBPs) – ongoing training at a regional level. Individual organizations train around EBP – look at shared skill building across organizations.
- **Emerging Opportunities ("hold-back")** – nothing specific, but opportunities may arise. Could be used for future crises if applicable.
- Gut check: Do these buckets still reflect where we're headed, based on conversations this year?

### Group Discussion:

- Dave Crump: likes 1, 3, and 4. On Peers and CHWs – doesn't want to see this used to pay people less to do jobs that should be paid more. Be aware of potential unintended consequences.
- Sarah: in the past, non-master's level workforce was left out of funding opportunities. Don't want this to get lost.
- Hallie: no problem gaining access to training for CPCs– about 10 people have gone through training in the last few years, no problem getting anyone in so unsure about the need for training.

- Ben: regarding Peers and CHWs – challenge to go in this direction, because can't get credentialed providers to do outpatient therapy. Medicare requirements – LICSWs and above (LMHCs can't provide some services) – takes 1-2 years to hire licensed mental health counselor, let alone LICSWs. To have Peers and CHWs, need for core provider. Stuck at this point. Number one is a big priority – accessing and finding LICSWs or other licensed clinicians.
- Sarah: multi-year process to build up licensed workforce.
- Ben: in the meantime, community is struggling and hurting, needing outpatient therapy. Have to explain that some people are licensed and have experience but the rules say they can't provide those services.
- Sarah: doing the budget first and then design what happens within in each category. These are big categories / high level buckets and there will be more specifics proportioning this out going forward. Also, will talk about advocacy with the state related to issues that people are highlighting.
- David: staff really want more training. Being asked to do more EBPs, which are more expensive. Want to support this, but the more they do this the more staff will leave because they'll take the skills and use them for other opportunities. Training is part of retention in Dave's experience but wondering about others' experiences.
- Amy (chat): Agree. Peers and CHWs are lower priority than core therapists/training.
- Joy from CHAS: Agree – training is an important investment in staff and retains staff. Occasional staff member will leave for greener pastures. Trying to be more sustainable with EBPs. Can be a challenge for buy-in to implement: ongoing monitoring, implementation practice, demonstration in documentation. It's an investment beyond the individual clinician and an investment as a whole agency. Doing it well builds it into the whole system.
- Amy (chat): My experience has been that therapists leave to have more independence--able to decide patients they will see and control of how many patients they see in a day.
- Louise (chat): It is true! As long as we have crazy paperwork requirements in the public sector; we will train the people and then go to private practice. Who wouldn't, with ability to get paid \$100 an hour and minimal paperwork. This I believe is the elephant in the room.
- Sarah: noted that each "Big Bucket" area is of interest, but there are different ideas about what to prioritize.

### Guiding principles & rubric

- See [Guiding Principles document \(hyperlink\)](#) to read the full text.
- Created from Forum conversations about fiscal principles/priorities & equity principles/priorities
- Intended to help with decision-making and to ground the work in shared principles held by this group. It provides a way to center equity, which is incorporated throughout.
- The principles can change over time, can adapt and shift as we test them out and identify any need for changes – living document
- Decision Guide – a way to apply principles to decision-making
  - Rating system to indicate how reflective a suggested option is of a guiding principle, from 0 (not at all) to 2 (definitely)

### Group Discussion:

- Hallie: I appreciate this document. It is focused within our current landscape of impacting and making systemic change. Thank you.
- Thumbs up in chat to use it/test it today

### Participatory Budgeting

- Test run - Mentimeter & guiding principles rubric



- Participatory budgeting for the identified buckets
  - Want folks to used rubric individually
  - Beauty of participatory budgeting is that it brings together individual voices in a collective decision

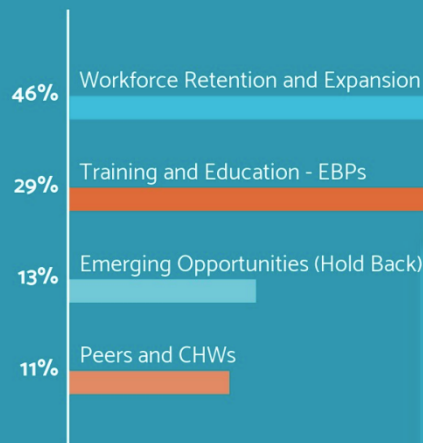
### **Participatory Budgeting Big Buckets Funding Instructions**

- The group has approximately \$1.2 million to allocate. We will use the big bucket proportions that come out of this participatory budgeting to help determine what to do going forward.

To cast your budgeting vote:

- Complete the rubric. Use the rubric to put 0, 1, or 2 in the different columns representing the four buckets, based on how the guiding principles fit these buckets.
- Go to <https://www.menti.com/o6hfh9p62g>
- Decide how much of your \$100 (“points”) you want to put in each bucket by using the +10/-10 on either side of the slider. You can put everything in one bucket or divide across multiple.
- Hit submit when you’re done
- Non-voting members are state agencies and MCOs. Also, one vote per organization, so people from the same organization should coordinate with one another.
- We will send the link to the Mentimeter and recording of the meeting following today’s Forum. People who weren’t able to join can view and organizations will have time to discuss.
- See preliminary results below. Note: Percentages may shift with additional voting.

## Allocate your 100 dollars (aka points) into the following funding categories, using the completed rubric as a guide for decision-making



### Results as of 5/4/22 - 8 Votes:

- Workforce Retention and Expansion – 46%
- Training and Education – EBPs – 29%
- Emerging Opportunities (Hold Back) – 13%
- Peers and CHWs – 11%

Note: These results are preliminary as of the 5/4/22 meeting and may shift with additional voting.

**Voting Link:** <https://www.menti.com/o6hfh9p62g>

*Please note: this link will take participants to just the voting. Slides for the entire presentation are available on the BH Forum May Meeting page: <https://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-may2022>*

### Additional Discussion:

- Dan: if half is used for workforce retention and expansion. Are there things at a local/regional level that BHT will support?
  - o Sarah: decision-making will be by the BH Forum group, using ideas from conversations last year and going forward.
- Dan: BH Committee- co-chaired by Marcus Riccelli and Cathy McMorris Rogers. Sub-committee focused on workforce. Potential BH Forum crossover with things identified by that committee.

**10:40-11:50 Legislative update – Erica Hallock**

- Behavioral health-related budget investments
- Behavioral health-related bills

Erica represents BHT in Olympia, will give highlights from the recent session:

- The BH Forum's buckets and priorities mirror discussions that are underway in Olympia, particularly related to workforce. Severe underinvestment in health and human services is evident. Lots of attention to compensation.
- Big win: \$100 million investment in provider relief grants to recognize the additional stress that the field has experienced during covid. Effort to stabilize fragile field.
- Continued investment in increasing Medicaid rates. The 7% increase can't start until January 1, 2023 because of how the system is set up.
- Concern about the State's economy. Coffers exceeded projections in the last couple of years influenced by strong real estate market (creates problems for individuals looking to secure housing but good for revenue). Significant federal dollars also helped. Concern that this is slowing. Discussions around the need to maintain investments and gains, so protectionist mode may return, including looking at the long-term impact of some of the investments.
- 2021 Capital Gains Tax: allocated for early learning and education, but everything relates in the budget. Expecting this to go to the State Supreme Court and possibly be on the ballot in November.
- Significant turnover in the legislature – two dozen legislatures have announced plans to leave the work or run for another office.
  - o Senator David Frockt (led capital budget committee, chaired BH subcommittee this year, deeply involved in behavioral health) isn't running.
  - o Representative Eileen Cody announced her retirement. She was resistant to scope of practice legislation, so her departure may lead to different approaches in that area. Scope of practice brought out protectionism (who gets to do what, lobbying efforts to protect turf).
  - o Lots of leadership changes underway. Will know more after filing week (mid May) who will be running.
  - o Young first-term members are leaving after serving two years. Largely legislators of color and younger, looking to shift power and decision-making. Will see new faces going forward.
- Dan: need to address scope of practice and create some type of parity for behavioral health. Workforce opportunities are there but no clearance to be able to do certain roles.
- Increased recognition & conversations about compensation for workforce. Many health human services professions don't pay competitive wages. Rate adjustments go toward increasing compensation.
- Dave: seeing higher needs, more serious symptomatology. Worried about lowering training to do scope of practice for a more severe population. Also, how do we help rural areas? Outpatient services – needs are great, training needs are great. Funding came with strings – tried to apply a few times but didn't fit with categories. Bright and shiny gets attention but need to strengthen what we have in order to build other things in the future.
- Benjamin: increased compensation doesn't help if we can't find clinicians within the required scope. Requirements and deliverables differ by funding source so dollars are eaten up in creating and maintaining systems, not providing deliverables.
- Louise (from chat): Compensation needs to include more time off. As our clients have greater needs, the potential for secondary trauma increases. We foster burn out in this field! And are expected to advocate for clients when we do a horrible job of advocacy for ourselves.

**10:50-11:00 Partner shares & announcements**

- Commerce BHF Grant Opportunities, [Behavioral Health Facilities Program](#) – Matt Mazur-Hart
  - Will join us to share more next month!
- Waiver renewal – CBCC focus: Community-based care coordination survey coming in the next couple of months (timing still TBD) – please fill out and share with your networks. Possible focus group or listening session opportunity with members of the BH Forum, so stay tuned for more information about that.
- Goodwill [Director of Behavioral Health and Wellness](#) posting

**Next forum**

- Next steps from participatory budgeting