

Nov 2, 2022 | 10:00-11:30 am

Meeting materials: <http://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-nov2022>

Review: How We Got Here

- Review process of becoming a self-governing body (development of charter, membership agreement, and guiding principles).
- Review participatory budgeting process to this point: four big buckets and discussion/prioritization of small buckets within big bucket categories.
- [Link to How We Got Here \(Review\) Slides](#)
- [Link to Guiding Principles](#)

Workforce Retention & Expansion - Review October Decision-Making

- [Link to notes from October meeting](#)
- Post meeting feedback:
 - Becky (Passages) affirms voting results, can't make it to November meeting because of a prior conflict
 - Christi Lyson (IFD) had questions to clarify whether we are allocating sufficient funding to categories, so we explained the process and the availability of remaining funds plus Emerging Opportunities dollars

CHWs & Peers Participatory Budgeting

- See list and description of "Small Bucket" funding items in the Peers & CHWs category at [this link](#).
- **General discussion**, including regarding whether to leave unallocated funds in the bucket in order to use later following implementation of established priorities.

Ruta Nanivadekar (she/her) - Pioneer Human Services: Let's leave the remainder and put it towards certain items later - depending on results

Mark Ingoldby, Providence Medical Group: Wondering about the joint trainings. I am assuming the includes health equity for disadvantaged populations.

Hannah Klaassen (she/her), BHT: replying to Mark - yes, the joint trainings focused on culturally specific and accessibility topics would engage topics related to health equity in order to better resource the workforce in these areas.

Sean Wright: I would agree with Ruta to wait

Ruta: Can joint trainings funds be only used for facilitator/trainer fees? Or also location/refreshments/parking for attendees/etc?

Hannah: replying to Ruta – training funding can be used for a variety of training-related costs including childcare and transportation for attendees.

Kelli Miller: Agree to wait on remainder.

Benjamin Descoteaux, LRCHC: agree to wait on remainder as well...

élodie goodman - Spokane Falls Community College: Ditto

- **CPC Training**

- \$60,000 amount was discussed and voted on during the October meeting.
- Recognition of significant waitlist for this training.
- At \$20K/training, will fund three trainings in Eastern Washington.

- **Joint Trainings – culturally specific/accessibility – fund at \$47,000**

- **VOTE:**

Christi Lyson (she/her): I agree - would increase if needed to support this project

Joe St. John - STARS: Agree

Sue Hatten- LCADC Lincoln Co. Alcohol/Drug Center: yes

Mark: Agreed

Ruta: yes

SCRBH (ASO) UM: agree

Mary Beazer: Yes

élodie: yes

Benjamin: agree

Sean: yes

- **Supervision Support – fund at \$40,000**

- **Discussion:**

- Christi - Worry there isn't sufficient funding in that bucket
- Sean – depends on the number of people who are interested. Could be a much bigger bucket.
- Ruta – question about overlap between supervision support and practicum/internship model pilot.
- Sarah Bollig Dorn (she/her), BHT – supervision is more about training non-peer-focused organizations to support peers in order to build understanding for clinical supervisors and other staff who are working with and supporting peers. The practicum/internship model idea came out of conversation with someone who has been a long-time supervisor for peers. The one-week intensive peer training is valuable and lays good groundwork, but newly trained peers often need additional support following that training. The pilot could help develop a structured model of what the first six months of being a peer looks like – for example, incorporating peers into the organization, providing ongoing training and cross-training.
- Christi – looking at incorporating peers into the work, and it can be a struggle to ensure their success. HCA has Operationalizing Peer Support for managers and supervisors which has been valuable but unsure how many people attend. For peers and supervisors, there's not enough support beyond the first week. Need to provide support and make sure they're set up for success and their contributions are maximized.

- **VOTE: Fund Supervision Support at \$40,000**

Mark: Agreed.

Joe: Agree

Christi: I agree with that at a starting point for funding

Hallie Burchinal (she/they) Compassionate Addiction Treatment to Everyone: Agree

Sean: agree

Mary: Agree

élodie: Agree

Ruta: I'm good with a preliminary 40k but would really like to revisit after doing design work - once we know what it looks like

- **Practicum/Internship Model Pilot**

- **Discussion:**

- *Ruta: is \$30K enough considering the high admin load?*
 - *Sarah: yes, expecting the cost to be higher. We had estimated \$50-75K to implement. Could set at \$50K to give an idea when doing the design work.*
 - *Sean: propose to raise to \$50K given that there is a bucket for emerging needs that can still be used.*
 - *élodie: seconded*

- **VOTE: fund Practicum/Internship Model Pilot at \$50,000**

Joe: Agree

Christi: Yes, I agree

Mary: Agree

Ruta: yes

Pam: yes

Hallie: Agree

Kelli: yes

Mark: Yes

Sue: yes

- **Peers & CHWs Overall Budget**

- **Discussion:**

- *Sarah: we have the opportunity as a Forum to say we can support some of these things but we might not be the best group to implement. We can use connections through peer-run organizations, the CHW Network. Enhance work that's already underway, align with community needs and established efforts/initiatives.*

- **VOTE: accept the Peers & CHWs Budget as it stands (see table below)**

Joe: Agree

élodie: yes

Christi: Agree

Sean: Agree

Ruta: yes

Mark: Recognizing flexibility agree.

SCRBH (ASO) UM: yes

Sue: yes

Hallie: Agree

Pam: Agree

Mary Beazer: yes

Christie: Yes

| Peers & CHWs | | | | | | | |
|---|---------------|--------------|------------|-------------------|------------------|------------|-------------|
| Item | Ranked Choice | Item Priorit | Admin Load | Menti calcu | Budget Rec | Cost (low) | Cost (high) |
| CPC trainings (2 or 4) | 1 | High | Low | \$ 30,962 | \$60,000 | \$ 40,000 | \$ 80,000 |
| Joint trainings - culturally specific/accessibility | 2 | High | Medium | \$ 47,179 | \$47,000 | \$ 10,000 | \$ 50,000 |
| Supervision support | 3 | Med | Medium | \$ 38,333 | \$40,000 | \$ 25,000 | \$ 75,000 |
| Practicum/internship model pilot | 4 | Med | High | \$ 29,487 | \$50,000 | \$ 50,000 | \$ 75,000 |
| HRSA Grant Mini Model | 5 | Med | n/a | \$ 25,064 | \$0 | \$ 230,000 | \$ 230,000 |
| CHW/Peer Network Support | 6 | Low | Low | \$ 28,013 | \$0 | \$ 25,000 | \$ 230,000 |
| Joint trainings - advocacy/policy change | 7 | Low | Medium | \$ 30,962 | \$0 | \$ 10,000 | \$ 50,000 |
| | | | | \$ 230,000 | \$197,000 | | |
| | | | | <i>Difference</i> | 33,000.00 | | |

Training/Education – Evidence-Based Practices Participatory Budgeting

- See list and description of “Small Bucket” funding items in the Training/Education category at [this link](#).
- **General Discussion:**
 - Question about cadence of trainings. What have historical years looked like regarding training and how many were offered?
 - Sarah – lots of interest and less clarity around which kinds of trainings. Lots of the budget amounts are estimates. Partner conversations have generated some ideas. Interest overall is to have consistency and knowledge across the workforce – workforce shuffles from organization to organization so we want to build the knowledge base across the community of providers. In the design, we’ll get more into the cadence of the trainings, which ones are offered, what it looks like as we train across the workforce. Gauging right level of investment for now, and we’ll do more design work going
- **Train the Trainer**
 - **Discussion**
 - Original starting amount was \$50,000
 - *Ruta:* Between train the trainer vs all workforce training, I feel like investing in train the trainer would make a greater impact. As opposed to one-off trainings that we offer, we could develop trainers in organizations. And it might be easier for staff to attend a training at their place of work.
 - *Mark:* Agree on the train the trainers!!
 - *Ruta:* Also, getting certified as a trainer is a professional development opportunity for employees
 - *Ruta:* impacts talent retention
 - *Christi:* Ruta, I agree with that concept but am concerned in reality keeping the trainers that have been trained for ongoing capacity is difficult. People leave.
 - *Ruta:* since we’re talking about the region’s workforce development, if people leave an organization then they’re still in the region/state. If certification is tied to a person so goes with them, that’s good for the overall region. All workforce training offered as a one-time thing could have downsides (low attendance, then training is over). Part of my

job is organizing trainings, and it takes a lot of work to do this. Concern for whether people will come and whether this is the best investment.

- *Sean*: Could we design it so that some of the money goes for retention and ongoing access (i.e., you get paid if you are training the community workforce)?
- *Christi*: Sean, I like that
- *Ruta*: I like that!
- *Sarah*: investment can be toward the cost of the initial train the trainer training and then cost of providing those trainings more broadly.
- *Christi*: could be a requirement to provide trainings in the future as part of doing the initial train the trainer. Then set up an arrangement to get paid for providing it to the community.

○ **VOTE: Fund Training - Train the Trainer at \$75,000**

Sean: I like 75K - I think the implementation is really important here

Christi: I agree with \$75k as a starting point

Ruta: agreed

Joe: Agree

SCRBH (ASO) UM: agree

Hallie: Agreed

Sue: yes

▪ **Trainings: All Workforce**

○ **Discussion:**

- Original starting amount was \$55,000
- General discussion to put more in this bucket
- Different training topic ideas:
 - Supporting the workforce in serving neuro-diverse and gender-diverse people
 - Training on 0-5 population – on a recent HCA call it seemed like providers needed more support in serving this group so need more focus here
 - Ethics

○ **VOTE: Fund Training – All Workforce at \$75,000**

Joe: Yes

Sue: yes

SCRBH (ASO) UM: yes

Kelli: Agreed

Hallie: agreed

Sean: yes

Ruta: yes

▪ **BHT CEU Certification**

○ **No discussion**

○ **VOTE: Fund BHT CEU certification at \$500**

Joe: Yes

Sean: Yes

Christi: yes

Sue: yes

Hallie: aGREE

SCRBH (ASO) UM: yes

▪ **Offset Lost Billable Hours**

- **Discussion**
 - *Sean*: I hope that we think of this as return on investment. Survey people to see if they use – would they have sent people anyway, without this offset? What funding sources would they have used? Money will get used but let’s take the opportunity to increase the number of people trained,
 - *Christi*: I’d rather see us more fully fund the first two categories – train the trainer and all workforce – than lost billable hours. Agree with surveying to assess engagement.
 - *Hallie*: Through an equity lens - agencies that may not have access due to financial hardship
 - *Christi*: scholarships could cover cost for people’s time. Smaller organizations may have a difficult time covering costs.
- **VOTE: Fund Offsetting Lost Billable Hours at \$45,000**
 - Sue*: Agreed
 - Hallie*: Agree
 - Sean*: Agreed
 - Joe*: Yes
 - Christi*: Agree with more discussion later about how to apply it through equity lens
- **Training: Master’s Clinical**
 - **Discussion**
 - Original starting amount was \$35,000
 - *Christi*: what does this look like?
 - *Hannah*: could be different evidence-based practices that require a master’s degree for training/certification. Would think about what is regionally relevant.
 - *Sarah*: we can talk more about different options in the design phase.
 - *Sean*: example – problematic sexual behavior for youth gold standard training is through Oklahoma and costs over \$125,000 to train 5 clinicians and 2 supervisors. Individual agencies might be precluded from going for something like that, so this bucket could help provide funding for that kind of opportunity.
 - *Christi*: how is this different from other areas of training?
 - *Hannah*: review buckets and identify that this fits in training/education bucket.
 - *Sean*: another example is EMDR – have to have a master’s degree to train in this.
 - *Christi*: we’d need more money in this bucket to get it off the ground.
 - *Sue*: would all workforce cover all realms of training?
 - *Hannah*: all workforce is open to all regardless of credentials. Master’s/clinical category has more requirements around who can attend.
 - **VOTE: Fund Training - Master’s/Clinical at \$50,000**
 - Joe*: Increase to \$50K
 - Christi*: I agree with increase
 - Sean*: Agree increase to 50
 - Kelli*: Agree
 - Sue*: agree
- **Training/Education – EBPs Overall Budget Approval**
 - Christi*: I agree
 - Joe*: Yes
 - Sue*: Yes
 - Ruta*: yes
 - Sean Wright*: Yes

Voting Results:

| Training/Education - EBPs | | | | | | | | |
|---|---------------|------------|------------|-------------------|------------------|------------|-------------|--|
| Item | Ranked Choice | Item prior | Admin Load | Menti calcul | Budget rec | Cost (low) | Cost (high) | |
| Training: Train the Trainer | 1 | High | Med | \$ 50,223 | \$75,000 | \$ 10,000 | \$ 100,000 | |
| Training: All Workforce | 2 | High | Med | \$ 51,955 | \$75,000 | \$ 15,000 | \$ 150,000 | |
| BHT CEU Provider Certification | 3 | Med | Low | \$ 53,687 | \$500 | \$ 500 | \$ 500 | |
| Offset lost billable hours (low/highs per full-day training with 25 atten | 4 | Med | Med | \$ 43,296 | \$45,000 | \$ 10,000 | \$ 50,000 | |
| Training: Master's/Clinical | 5 | Med | Med | \$ 36,369 | \$50,000 | \$ 3,000 | \$ 100,000 | |
| Training: Scholarships | 6 | Low | High | \$ 39,832 | \$0 | \$ 25,000 | \$ 150,000 | |
| Ongoing training/support/consultation (AIMS Center) | 7 | Low | Low | \$ 34,637 | \$0 | \$ 50,000 | \$ 100,000 | |
| | | | | \$ 310,000 | \$245,500 | | | |
| | | | | <i>Difference</i> | 64,500.00 | | | |

Wrap Up

Next Steps

- In December, start design brainstorming for initiatives with high admin load. Also discuss how we want to structure design work, e.g. workgroups, topic-specific monthly meetings.
- Will likely not have a Forum the first week of January.
- Opportunity for those not in attendance to give input and vote

Announcements

- HCA Division of Behavioral Health and Recovery Peer Support Resources
 - Office hours for peer supervisors and program administrators: every week on Monday 1-2 pm. Drop in (no pre-registration needed) for this knowledge-sharing call. Bring specific questions, stay for the whole time or just a portion. Contact Shelly Shor, Operationalizing Peer Support Program Manager, shelly.shor@hca.wa.gov