

Dec 7, 2022 | 10:00-11:00 am

Meeting materials: <http://www.betterhealthtogether.org/bold-solutions-content/bh-forum-materials-dec2022>

## Review: How We Got Here

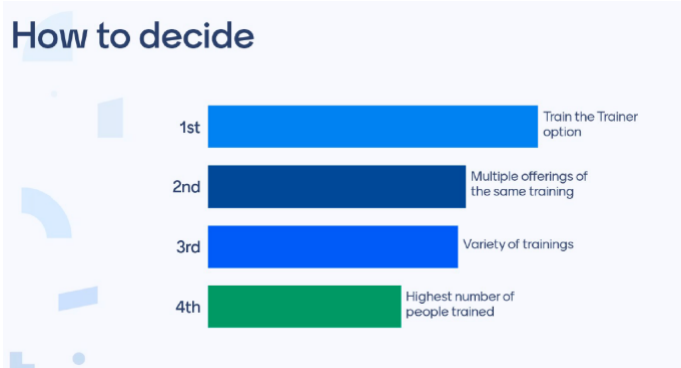
- 2022 Year in Review Blog Post: <https://www.betterhealthtogether.org/bold-solutions-content/bh-forum-year-in-review-2022>
- 2022 accomplishments
  - Became a self-governing body (developed charter, membership agreement, guiding principles) – lots to celebrate!
  - Participatory budgeting decisions to fund 12 initiatives that will support the behavioral health workforce
- Link to meeting slides with big and small bucket budget breakdowns and guiding principles: <https://www.betterhealthtogether.org/s/BH-Forum-Slides-December-2022.pdf>

## Design Brainstorming

- Collected forum input on how to design small bucket initiatives – five categories for discussion.
- Sarah and Hannah will use feedback and ideas to work on specific proposals in December and January with plans to share during a 90-minute meeting in February.
- Helpful Handout: [Small Buckets with Totals and Design Notes](#)
  - Includes brief description of each Small Bucket initiative along with relevant design notes
- Discussion:
  - **Workforce retention & expansion: Org stipends for taking on practicum/internship students**
    - \$125,000 allocated in this bucket, recognizing the time and costs that it takes to supervise interns. Considering \$4000 to \$5000 range per student.
    - **Questions for discussion:**
      - ***Is the goal to support new slots that wouldn't otherwise be available or to fund existing slots?***
        - New – 8 votes, both new and existing – 3 votes
        - Comments: Include new slots within orgs that have existing slots to expand capacity / Both, possibly prioritize existing slots
      - ***Do we want to set this up as multi-year or single year support?***
        - Consensus around single year
        - Comments: pilot to provide evidence for future funding / see if we get the results we want / option to submit requests in the future
      - ***Qualifying or competitive process?***
        - Consensus around qualifying process
        - Comments: cap slots per organization / include basic guidelines that funding be used as intended
      - ***Additional comments and context about relationships with schools***

- Most currently come from Eastern but we do have other schools we set up an agreement with the school before accepting the student. This can cause delays if we don't already have an agreement. Recruiting mainly through informal relationships.
  - Work with all local schools; also consider online schools (equity driven)
  - We have relationships with all schools (including on-line schools)
- **Peers/CHWs: Joint trainings – culturally specific/accessibility**
  - \$47,000 allocated to this bucket. Could include trainer/facilitator fee, food, space, offsetting barriers to participation (transportation, childcare, etc.).
  - **Question for discussion:**
    - ***Develop training ourselves (BH Forum sub-group) or hand off to the CHW Network and Peer Network?***
      - Consensus to hand off to the Networks
- **Peers/CHWs: Peer practicum/internship model pilot**
  - \$50,000 allocated to this bucket. Intended to support peers longer term as they enter the field and the peer role. This provides one way to continue training and onboarding, provide support after the first CPC training.
  - **Question for discussion:**
    - ***Do we want to move forward with an RFP process, develop a pilot with an interested local partner, or develop the pilot with support from a federal consultant? (BHT is working with a consultant for a new CHW training program, and this person is available to consult)***
      - Majority vote to work with a consultant, with one vote to do an RFP.
      - Additional comment: I like the idea of putting out a request of interest and then working with that one local partner – different from the competitive RFP.
- **Peers/CHWs: Peer supervision support**
  - \$40,000 allocated to this bucket.
  - Note: Mentimeter comments indicate whether respondent's organization works with peers (yes), doesn't yet but is interested (interested).
  - **Questions for discussion:**
    - ***How to develop and customize: BH Forum subgroup or work with HCA/Operationalizing Peer Support team?***
      - Majority vote to work with HCA.
      - Comments:
        - I like working with local entities. I would want to let HCA know what we are doing so that they might be able to offer support if asked and they might have connections that we do not have.
        - HCA team is good. Also consultant/resources to build CQI processes for local contexts.
        - Work with HCA as the Operationalizing Peer Support is a robust program.
    - ***How to approach supervisor buy-in and accessibility?***

- Create opportunity for supervisors to meet via zoom. Present doable ideas that can be implemented. Make it fun – there isn't enough of this.
  - Assist org and supervisors in how to utilize peers (plus one)
  - Create discussion with HCA regarding pre-program work – working with people in precontemplation.
- **Training/Education – EBPs**
    - \$75,000 allocated to all workforce, \$75,00 allocated to train the trainer, \$50,000 allocated to master's/clinical
    - **How to decide which trainings to offer?**



- **Training Topics Ranking:**



- **Specific Trainings Ranking:**



- **Additional training comments:**
  - Consider training on providing integrated services – best practices
  - Prioritize trainings that are the most expensive (facilitator fee is high, licensing fees, needs large space or supplies) because these will be the hardest for orgs to do themselves
  - Train-the-trainer has different impacts depending on whether it's within or across agencies
  - Plug for some basic implementation practice/implementation science support to ensure that the efforts are set up best for success and sustained
  - Training for the fee for service folks: getting training to decrease denials. Fee for service environments versus non in the Master's/Clinical bucket.
  - We're excited to have training opportunities!
  - Access to CPR/First Aid training would be appreciated.
  - Consider how many people in our region would actually participate
  - Please remember not to limit ourselves to only EBPs. There are other promising practices and things that have not gone through all the EBP steps.
  - Have been involved in several train the trainers. Some are more to maintain than others. Ongoing support for agencies is crucial.
  - I am also concerned about the costs of some EBP and train the trainer. It seems that at times they can be a very expensive approach.

#### **Wrap Up and Next Steps**

- Follow-up email with one-week open period for voting and feedback will go out on 12/8
  - Mentimeter link: <https://www.menti.com/alnet9mtgk3i>
- No meeting in January 2023
- Meeting invitation for February (90 minutes) coming soon
- 2023 meetings will be less frequent with additional planning in between, sub-groups meeting for design work as relevant to the small bucket initiatives