

Behavioral Health Commission
Workforce Subgroup
5/4/21

- In attendance
 - All In attendance:
 - Rachel Halleck
 - Alexis Pless
 - Carrie Cadwell
 - Jocelyn Piechocki
 - Katrina Norris
 - Katy Adams
 - Lindsey Baywol for Allison Taylor
 - Matthew Brooks
 - Sharon Bowman
 - Steve McCaffrey
- **Rachel's Buckets/Central Considerations:**
 - Balance between increasing capacity and maintaining high quality, ethical services
 - Full continuum of professionals
 - Need short- and long-term solutions
 - Develop early interest in field
 - Early engagement for new hires
 - High school, junior high
 - Consider factors to increase retention (new and current)
 - Morale
 - Clinical supervision
 - Upward mobility
 - Intrinsic value
 - Expand existing workforce
 - Offer credits for life/work experience
 - Nursing
 - How do we support a move toward integrated health without burnout?
 - Increase recruitment and retention of special groups
 - Salary and loan repayment consideration
 - List of folks to engage (Get from Rachel)
 - Non-licensed mental health reimbursement
 - Examine possible legal issues with state/federal statute
- M. Brooks – Current session focus on improving addiction counselors' ability to get licensed
 - Legislation supported by Commission on Improving Status of Children
 - With lowering hourly licensure requirements, what direction is the state moving in expectation/standards for licensure, education, training, oversight? Where does that stand next to need to backfill?
 - Do these lowered requirements align with DMHA programs and vision? With Medicaid expectations? How does it interplay with reimbursement rate conversation? How do we bring them into alignment?

- S. McCaffrey – Constant “fight” in government world re: what is appropriate for licenses and what licenses can do – fight largely inspired by reimbursement.
 - Makes more sense to consider what we want licensed professionals to do (currently overloaded and overstretched due to being primary channels of reimbursement)
 - If only licensed folks get reimbursed, there will be push to dilute power of license
 - Vital component of service continuum – potentially do not need to be doing casework if “lower” levels can also be reimbursed
 - What else is needed? Who can do it without a license and secure reimbursement?
 - **Flesh out continuum of training, certification, licensure, etc. and more clearly define what can be done by whom with certain skill sets and still be reimbursed** - partner with universities for loan forgiveness models across full continuum
 - Expand qualifications of those already within workforce
 - ICAADA cert for mental health to get trained on addiction
 - K. Norris – Scope of practice for credentialing needs to be addressed
 - C. Cadwell – Defining what we need and optimization of practices
 - Looking at retention in rural areas – high school degreed folks have highest retentions because they are fully integrated into community and that relationship is able to be leveraged
 - S. Bowman – Licensed people coming to rural areas and leaving vs peer professionals staying – piece of that dedication is that they are home. “higher” level credentials will leave due to lack of personal dedication.
 - Need to come up with intrinsic motivators to increase retention
 - In rural communities, find ways to guarantee/secure/find positions for partners
 - When can we get people to practice? That varies depending on license
 - Invest in current credentialed/licensed folks to expand their ability to support (especially rural) communities and meet their needs
 - I.e., licensed psychologists gaining prescriptive privileges
 - **Look at non-behavioral health licenses and ask how to behaviorally enhance that workforce?**
 - K. Adams – Concerned about sustaining and retaining workforce.
 - Burnout largest factor to turnover
 - Paraprofessionals and peers staying in rural communities. Why? How can this be used in CMHCs to increase retention?

- K. Norris – Have to talk about pay and its contribution to burnout and turnover
 - Peers stayed for passion and desire to give back
- R. Halleck – As clinician overloaded schedule made going back for credentials/licenses seemed impossible to choose to do. Thoughts on credential accessibility?
 - C. Cadwell – Some schools allow limited credits for work/life experience
 - Some of that certification takes place more or less as a part of onboarding
 - Building universal credentialing process into onboarding/long boarding to gain experience parallel and create a more robust and consistent experience
- R. Halleck – How does this look different when intentionally engaging special populations where representation is important in connecting with practitioners? How do we tailor conversation to also consider importance of recruiting and retaining representative populations?
 - S. Bowman – Telehealth has been incredibly beneficial in allowing folks seeking services to access representative practitioners while surmounting travel restraints
 - Acknowledgement of need is first piece
 - Appeal to the population of interest to show we are there
 - Ensure sufficient workforce to support demand
 - M. Brooks – making changes to racial equity and leadership committee – well received by participants
 - Encourage leadership beyond getting them hired and getting them integrated into leadership and whole system
 - Go beyond CLC training and address systemic barriers to strong. Well-balanced workforce
 - S. McCaffrey – More than training – credential them and designate to identify individuals and organizations that are able to serve special populations
- R. Halleck – Other thoughts?
 - C. Cadwell – Final thought on nursing
 - With movement toward crisis respite and stabilization units – highlights importance of addressing nursing and leveraging in behavioral health in a way not currently done
- R. Halleck – Next steps
 - Whittle down to short and long term recommendations
 - Does anyone know existing groups that should be at the table?
 - **M. Brooks – Governor’s workforce council behavioral health subcommittee**
 - **We do annual salary survey – would be willing to share**
 - **K. Norris – Indiana rural health association**
 - **Licensing Agency**
 - Opt-out of chair/co-chair by EOB 5/6/21 via email to Rachel, Alexis, Jocelyn
 - Will send out Doodle Poll to vote for chair/co-chair 5/7/21 and notes
 - **Next Meeting: July 13**