



# Indiana Behavioral Health Commission

[www.in.gov/fssa/dmha/indiana-behavioral-health-commission](http://www.in.gov/fssa/dmha/indiana-behavioral-health-commission)

[BxHealth.Commission@fssa.IN.gov](mailto:BxHealth.Commission@fssa.IN.gov)

Indiana Behavioral Health Commission

Behavioral Health Workforce Subgroup

July 13, 2021– 10:00 am – 11:30 am EDT

Livestream Recording:

<https://www.youtube.com/watch?app=desktop&v=E3g3r8FNtBA&lc=Ugz5cokcoaxOcvK8Yah4AaABAq>

## Minutes

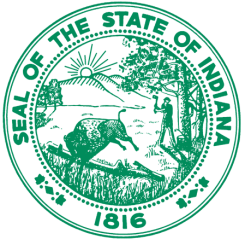
*Members Present* Carrie Caldwell Lindsay Baywol Steve McCaffrey Katrina Norris Zoe Frantz  
Katy Adams Rick Crawley Rachel Halleck Jocelyn Piechocki

Introductions and Meeting Overview – *Only changes to introductions/roles since 5/4/2021 meeting denoted*

- Changes to introductions/roles since last meeting
  - Carrie Caldwell and Katy Adams chosen as co-chairs for Workforce subgroup
  - Rick Crawley - Substituting for Matt Brooks as his position with Indiana Council is vacant
  - Zoe Frantz - Chief Strategy Officer at Valley Oaks Health
  - Lindsay Baywol – Policy Developer with the Coverage and Benefits Team with Office of Medicaid Policy and Planning (OMPP)
- Overview
  - Framework for recommendations
  - Plan for compilation of and outreach to possible collaborators
  - Timeline for recommendations

Framework for Recommendations and Feedback

- Presentation on framework for workforce development recommendations // C. Cadwell
  - **Build** – Developing a long-term pipeline for future clinicians
  - **Recruit** – Immediate strategies for bringing in clinicians: wage/benefits markets, rates studies, inherent incentives, mission-related factors
  - **Retention** – Workforce turnover reduction
  - **Reduce** – Aspects of job structure that lead to burnout/exiting the field: administrative burden, waste in system, unoptimized programs
  - **Qualify** – Certification/licensures – how do we add to the workforce pool?
    - Service reimbursement rates connected to staff licensure
  - **Expand** – Other workforce components/practitioners across treatment continuum, examine scope of practice, training and competencies, continuing education
  - **Optimization** – Workforce efficiencies, leveraging technologies, capacity examination (effective scheduling, length of care episodes and therapeutic effectiveness)
    - **Feedback from Commission Members:**
      - Advocated for discussion of reimbursement; discussion of credentialing function as barrier to reimbursement. // S. McCaffrey



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- Reimbursement and credentialing connected to recruiting; what is the priority starting point? // K. Adams
    - Advocated for reciprocity in recruitment visiting from credentialing standpoint. Revisiting and refunding loan forgiveness at state level // Z. Frantz
  - Advocated for examination of workforce diversification efforts; capitalize of mental health de-stigmatization movements by addressing through public educational campaign for behavioral health career field. Address unfair hiring practices creating barriers to recruiting clinicians with lived experience // K. Norris
    - Other states (i.e. Illinois, Michigan, Kansas) changing payment structure to align with the Certified Community Behavioral Health Clinic (CCBHC), optimal timing to support education and a change of IN structure to avoid greater regional losses in comparison // Z. Frantz
      - CCBHC and educational timing is optimal for system change; IN transitioning to CCBHC state serves as mission-based recruitment strategy. // K. Adams
  - Review anticipated 2020 Bowen Center at IU workforce data, compare to 2016 data; raised concern over average age closer to retirement age than mid-career point. Does not seem that we are recruiting new clinicians rather than pulling from and recirculating the same pool. // R. Crawley
    - Referenced study conducted in context of specific political climate during push to minimize licensed professionals due to perception as barriers (expressed disagreement with motivation); rather advocated figuring out how to broaden workforce. // S. McCaffrey
      - Concerned about surrounding states paying workforce more due to higher reimbursement rates, losses related // R. Crawley
        - States with legalized marijuana (i.e. Colorado and Michigan) have a higher tax revenue and are able to pay more due to higher rate flexibility // K. Norris
- Now, near term, long term goals?
  - What are the most urgent and critical and what are areas for future consideration? Ex. Rate studies are crucial and impactful; BDDS won a rate increase of \$4-5/hour following rate examination // C. Caldwell
    - agreed, advocated for telehealth reimbursement, examination of scope of practice // S. McCaffrey
      - OMPP is actively reviewing and seeking clarity from Indiana Professional Licensing Agency (IPLA) on telehealth scope of practice with a hope of expansion.// L. Baywol
        - Advocated for expansion of telehealth beyond licensed professionals, limitations impact utilization/treatment access // S. McCaffrey
        - New York and New Jersey have used funds to pay for training and certification of substance use disorder (SUD) treatment professionals – has been useful in recruitment. Also reimbursed by Medicaid. // K. Norris (*from chat*)
    - Two buckets for prioritization – 1. How to recruit and get people in the field and remove barriers to hiring, 2. Once we have people have competitive reimbursement, wages, and training to maintain // K. Adams
      - How do we move the system towards optimization to effectively leverage workforce? Must be willing to examine and potentially challenge established methodology of field // C. Caldwell
        - Referenced studies outlining outcomes largely being related to social determinants of health (SDoH) with interventions playing a smaller role. // K. Adams



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- How do we effectively use the workforce to address these findings and “catch people upstream” to address SDoH? // C. Cadwell

## Recommendation Discussion

- Need to move towards basic recommendations; each member draft a recommendation, review as a group, draft/vote to move towards a clear recommendation; use Survey Monkey to manage and organize and collect from a larger audience // C. Cadwell
  - Urged subgroup to be sure to include all recommendations to be incorporated by larger commission group in the long term. // S. McCaffrey
  - Agreed to approach, benefit of compilation of data, also advocated for keeping details of the discussions relevant. // K. Norris
- Deadline and Timeline for Recommendations
  - Recommendations ideal within the next month so DMHA can compile recommendations, review, and establish framework for October // R. Halleck
  - Advocated working through this work electronically without meeting – only meet to formalize outcomes of independent work and survey outcomes // K. Adams
    - Survey Monkey should be targeted for outcomes/recommendations, also explore external contacts who can be worked with; meeting can be used for prioritization and/or official review and approval of recommendations. // C. Cadwell
      - Point of clarity - this subgroup is focusing on workforce throughout the state, not exclusively Community Mental Health Centers (CMHC). Chairs a group that could give feedback on this survey. // Z. Frantz
        - Confirmed clarity and agreed on soliciting input of folks with large multi-disciplinary practices // C. Cadwell
  - What will ongoing subgroup work look like after meeting to relay recommendations? // K. Adams
    - The Commission will need to review the recommendations and consider how to navigate next steps. // R. Halleck
      - Emphasized necessity to clearly define scope of task and focus on outcomes // K. Adams
        - Aiming for a small, but powerful “menu” of recommendations for Governor // R. Halleck
  - Are any of the COVID-19 relief emergency funds allocated to workforce development? // Z. Frantz
    - Details of allocation are in process. Funds can potentially be allocated depending on recommendations from this group // R. Halleck
      - Timeline of publication of funding allocation details? // R. Crawley
        - Ideally within the next 4-8 weeks, but unknown // R. Halleck
    - Would like DMHA to model funding plan after Home and Community Based Services (HCBS) strategic funding plan for workforce // Z. Frantz

## Next Steps

- Proceed with Survey Monkey to collect recommendations and possible collaborators, then book finalization meeting // C. Cadwell
  - C. Cadwell & K. Adams will develop survey questions



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- Who do we want to include in this process?
  - Who is the best partner to establish a baseline? Indiana Chamber? NASW? // R. Halleck
    - Use commission member associations // C. Cadwell
      - Concerned about potential gaps in associations // R. Halleck
        - Ivy Tech, Hospital Association, Rural Health Association, all higher education should be included // K. Norris
  - Grant collaborators as a connection // Z. Frantz

## Future Subgroup Meetings

- *Next Meeting Date*
  - To be decided