

Appendix

Participant Feedback

State Behavioral Health Workforce – Context & Opportunities Breakout Session

Conference	Indiana Roundtable on Mental Health Summit
Prepared By	Bowen Center for Health Workforce Research & Policy
Dates	Responses received on 5/16/2023; Publication date: 6/5/23
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Data Source	<p>The participants were asked to give feedback on:</p> <ol style="list-style-type: none">1) What is working well within Indiana?2) What are the biggest challenges?3) What opportunities could be explored for future progress in the State? <p>There were approximately 150 attendees and 242 responses to the three questions.</p>
Note	<p>Responses within this document are provided in raw format. Participants were asked to focus exclusively on state-level strategies or those that may be promising for scaling.</p>

**Indiana Roundtable on Mental Health Summit: State Behavioral Health Workforce: Context and Opportunities Results- May 16, 2023
Pipeline (K-12, Bachelors, etc.)**

Significant Progress	Workforce Challenges	Opportunities
Online Classes	Access takes too long- to access services in crisis	Peer mentorship programs
Peer support is working well. Largest growing profession. Increase in trained / certified peer coworkers	Statistics: - 1 in 6 women have experienced sexual violence -1 in 5 men have experienced sexual violence Pain Points: Indiana does not have an infrastructure and legislative support for sex therapy	Supporting action-online training for professional development
IU / Child welfare partnership	No career path for peer support professionals to advance	Clearly defined licensing requirements
Recognition of the problem	Pay for peer recovery coaches	Knowledgeable Hotline Help
Scholarships	Background checks	Expanding Behavioral Health / Human Services High school pathway
Intern stipends = hired by site	988/ crisis line staffing (pay levels)	Workforce Ready Grant (Addiction Studies) Add other high area needs
Working with Universities for Internships	Payments	More funding
Purdue Psych N-P Program	Compensation	Incentive for employer to support entry level workers & continuing education
	Reimbursement for Bachelor Level Staff	Access to online trainings
	No funding	Teen + Youth mental health first aid to educate about prospective professions
	Insurance reimbursement so we can pay providers more	Modern day apprenticeship roles (HS aged)
	Limited Promotion of mental health career exploration in K-12	Preprofessionalization / licensure for BA level Psychology (BSW)
	Student Loans	More money
	Difficulty in understanding licensing	Have more BH professional share career opportunities in schools

Difficulty recruiting licensed
therapists to outpatient clinics-
Many choose private practice

Affordable quality educator
Little awareness of BH jobs
Pay for behavioral health
Pay is not good for any level of
BH careers

Staff retention
Scholarship / Support for
supervision
Little knowledge of Mental
Health roles
Recruitment and Outreach

Regulations preventing "under
18" high school exposure roles

Getting to work with colleges and
Universities

Indiana Roundtable on Mental Health Summit: State Behavioral Health Workforce: Context and Opportunities Results- May 16, 2023
Associate-level Licenses

Significant Progress	Workforce Challenges	Opportunities
EBPs allowing bachelor level workfoce	MSW, LSW need to be fully able to fill for SVS. Would benefit from 80% reimbursement vs. 0	Improve pay scale
Emergence of non-licensed MH care providers (Coaching)	Finding a quality supervisor if not in a robust agency	Allow online counseling hours with clients to count toward Master / Licensing
Child welfare track- MSW	Quality Supervision	Incentives, housing, tax credit, loan assistance for entry level associates
	Unpaid Internship	Cross-training, natural back ups
	Pay them more	Job-share to support & burnout
	Insurance reimbursement for associate level licensed therapists	Task shifting to keep roles at top of license
	Unpaid Internship	Push for BH jobs to be "Next level" job in Indiana- free certificates/training
	Low pay	Affordable group supervision
	Unpaid Internship	Use of online document uploading and getting a check metric of hitting points of CEUs & Licensure
	PLA short staffed causing pain	Other workforce targeting MH & Addiction without trainings or certifications
	Total Compensation Entry level requirements ex. Education, low level pay	

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BHHS Board Professions

Significant Progress	Workforce Challenges	Opportunities
Telehealth	Telehealth competing with Betterhealth and large cut of state organizations	PLA in legislation for modernizing 2023
Senate Bill 1 gaining momentum but need more funding	Stigma on different pathways to recovery	Policy changes in licensure requirement reciprocity in more license types
Credentials through ICAADA IPLA work with ICAADA instead of against	Baby boomer retirements in behavioral health areas	Interstate compact for therapist
LMHC's medicare 2024	Housing for (housing assistance) those with felonies and drug charges	Expand loan forgiveness for workforce pipeline
The adoption of Indiana of the Counseling Compact is a step in the right direction for MH future	Staffing esp specialized areas Ex. Therapist, Nurse (MSW, LCSW)	LCSW Compact
Tracking system for pain meds	Length of time for licensure process (IPLA)	Look at what neighboring states do with their PLA and use what works
Continue to make changes to streamlining licensing info	Bring licensed talent to Indiana	National Licensing Institutes
	Easier access for people to find out how to transfer their license to Indiana	IPLA: Win take legislative action. Streamline/ consolidate license process
	Retaining staff. Raise pay. Keep up with larger facilities	Minimize required supervised hours for Grad. level licensure
	Too long for licensure	Loan repayment
	PLA services can be slow in communication & different responses dependin on who you talke to "Lack of consistency"	Scholarship
	Time frame it takes to become licensed through IPLA	Increased K-12 funding for school based licensed positions
	Hospitals & other agencies need the same billing/ reimbursement opportunities as Community Mental Health Center	Volunteers level II credit

Therapists moving to online therapy

License reciprocity gains to recognize licenses in other states

Sexual wellbeing and therapy stigmatized and politicized- sex therapists are less supported and interested in being in Indiana

BHHB Backlog, lack of customer service and timely testing services

IPLA is slow to respond and slow to act

LMHC & LMFT not able to practice independently

Payment rate for peers

IN licensure for BHHS professionals

Blocks between states to online therapy options

Pay

Better opportunities for persons working as a licensed professional

Lack of licensed professional due to poor pay, and increased stress burnout

Confusion growing our online schooling between states with licensing even with credentials

Difficulty finding qualified therapists (LCSW, LMHC, LMFT) who want to here in Indiana

Lack of Masters level therapists

Funding for K-12 school based positions

Lack of Access (rural)

Ease of Professional Licensure

Documentation & caseload strains

Salary / income high education and co pay

Burnout

Difficulty of getting through the
board process
Difficulty transferring license from
another state
Getting clinical hours
Cost of training versus under
payment as a professional with
graduate training

Indiana Roundtable on Mental Health Summit: State Behavioral Health Workforce: Context and Opportunities Results- May 16, 2023
Other Dedicated Behavioral Health Workforce Members (Psychiatric, APRNs, Psychiatrists, Psychologists)

Significant Progress	Workforce Challenges	Opportunities
Training frontline human service	Waitlists	Funding and opportunity for collaboration with consultation with PCP
Psychiatric residency program	Lack of domestic violence treatment centers	EMT's but for Behavioral Health
Training frontline human service staff on basic mental health screen/referral/ to bring more people in under the tent of behavioral health	Pay is much lower than colleagues with a more popular specialty	PGY2 & PGY3 should be able to bill for SVSS- easy path
State Access lines (BeHappy)	Believing they need to oversee IMHC diagnosis	
Recognition beginning conversations of mental health	Lack of access (rural)	
Integrated care models	<p>Difficult to get HSPP in Indiana relative to other states</p> <p>Managing other providers & clients due to license limitations</p> <p>School counselor or social worker role promotion of Tier I services</p> <p>Different certification bodies</p> <p>Psychologist need roles defined</p> <p>APRN need to be 100% reimburseable poor in patient not 80%</p> <p>Need more specialization</p> <p>Lack in small communities</p>	

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Other Professionals Supporting Behavioral Health (Family Medicine, etc.)

Significant Progress	Workforce Challenges	Opportunities
Peer Recovery	Bottleneck in peer certification	More money
Telehealth IOP expansion	Confusion as to pathways	Look at primary care based integration instead of just CCBHC. Better access and less stigma
Mobile crisis expansion	Need more affordable peer certification options. More inhouse training for peers.	Integrated health care models
Match skills needed to do the work with the work	Lack of time for multidisciplinary collaboration	
Added lived experience	Burnout	
CHW workforce training. More in house training for peers	Stress of providers	
On-site for profit healthcare integration	Peer support or behavioral work does not replace licensed professional Limited understanding of behavioral health Caseloads Lack of education and stigma	

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All Behavioral Health Workforce

Significant Progress	Workforce Challenges	Opportunities
Recognition of peer recovery professionals	Training for peer support	Better opportunities for people working with a licensed provider
Eliminate education minimum in job descriptions	Not enough interest in the field	More telehealth options and flexible hours
Alignment between public and private sectors	Burnout	Flex schedules
Collective prioritization	Number of therapists versus population especially in rural counties	Incentives for staff to want further education
More discussion with legislators and more Bills	Limited recognition of career paths	Offer scholarships and incentives for law enforcement officers to become behavioral health specialists
Increased positive media is helping to de-stigmatize mental health	Burdonsome medicaid requirements that distract from treatment	Grants
Finally some real interest and momentum	Wages = living wage not minimum wage	Move to CCBHC can help fund crisis supports
Recovery Coach Model- works but also a painpoint	Post Covid workforce changes both positive and negative	IHA Behavioral Health Council needs engaged
Telehealth	Equity pay across Indiana	Different approaches to mental health even dependent on licensure tracker
Mental health awareness & action among legislators	Access to affordable schooling for those who want to advance	State contracts are not keeping up with rates, trickles down to employee compensation
Bonus & housing stipends for Mental Health workers	Lack of connection across organizations	Expand loan forgiveness to those working in private practice
CCBC funding	Education / funding	Raise awareness of help hotlines-like the BeHappy Line.
State government engagement in behavioral health space	Parity in pay across commerical insurance	The journey for adult workers not just youth workers

BH providers uncomfortable caring for IDD. IDD providers uncomfortable caring for BH issues

Employer-educator partnerships

No resource database

Mental Health benefits for long term support at low cost or free

High turnover

Loan repayment for all levels of behavioral health positions

Not understanding the Scope of education for different licenses & between different professions

Streamlined organizational flow / process by state

Lack of understanding licensing requirements (ex. A-Level requires a Masters Degree)

Need more training for peer specialist or CRS

Dispensing limits
No resources for Domestic Violence
Appropriate training & supervision
Task sharing

High rates of turnover due to administrative burden and low pay in CMHC settings / limited reimbursement from payors

Too many State organizations to understand where we go, who to connect with, etc.

Reimbursements for non licensed roles

Peer support only reimbursed by Medicaid

No training or not enough peer or recovery specialists

Fidelity / Evaluation of trauma informed care model in Juvenile Justice DCS

Big gaps in services leading to burnout

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Other/Parking Lot

Significant Progress	Workforce Challenges	Opportunities
Lyft Rides	Lack of quality guardrails for higher levels of care to ensure high quality care	
Launch & easy success of 988	Not enough community buy in	
Training of lay staff (Harvard-India)	State licensure vs. federal expansion of cross-state licensure	
988 positive- it is rolling	Extending the continuum of care	
OCRA Recovery Housing Grant		
Emerging, scalable tech infrastructure		