

UNDERSTANDING AND ENHANCING HEALTH WORKFORCE IN INDIANA

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WORKFORCE RESEARCH & POLICY

AGENDA

- The “State of Indiana’s Health Workforce”
- Workforce Shortages?
- Policy
 - Education
 - Regulatory
 - Reimbursement
 - Retention/Recruitment
 - COVID-related policies



HEALTH WORKFORCE: FACTS

Facts:

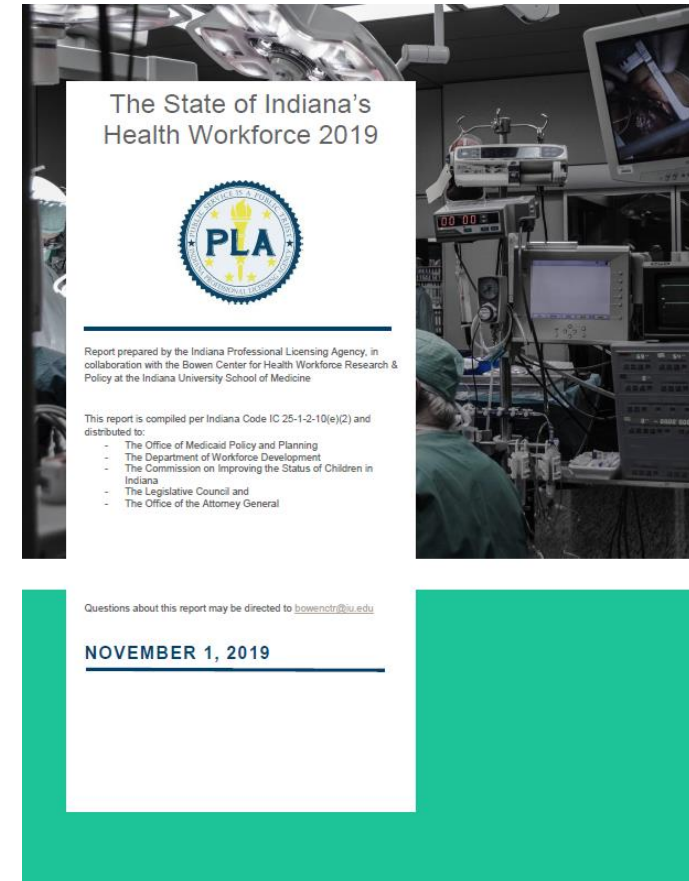
- **Comprised of diverse array of professions, roles, and titles**
 - Ranges from doctoral trained to direct care
- **Highly regulated**
 - Training
 - State licensure/certification (more than 350,000 health workforce licenses issued PLA alone (not including those issued by other agencies))
 - Third party certification
 - Setting/facility regulation
- **Complex sector**
 - The US health care delivery system is complex, and, while integration efforts are under way, siloes exist by sub-sector (medical, mental, dental) and setting (community based, in-patient, home health)



INDIANA HEALTH WORKFORCE

What do we know about supply (licensed professions)?

- Information is collected from PLA licensees at renewal (SEA 223-2018)
- Responses used to inform a number of related efforts:
 - Data reports (see State of Indiana's Health Workforce)
 - Briefs
 - Data visualizations (Bowen Portal)
 - Health Professional Shortage Area designations



INDIANA HEALTH WORKFORCE (SHORTAGE)

Shortages, defined:

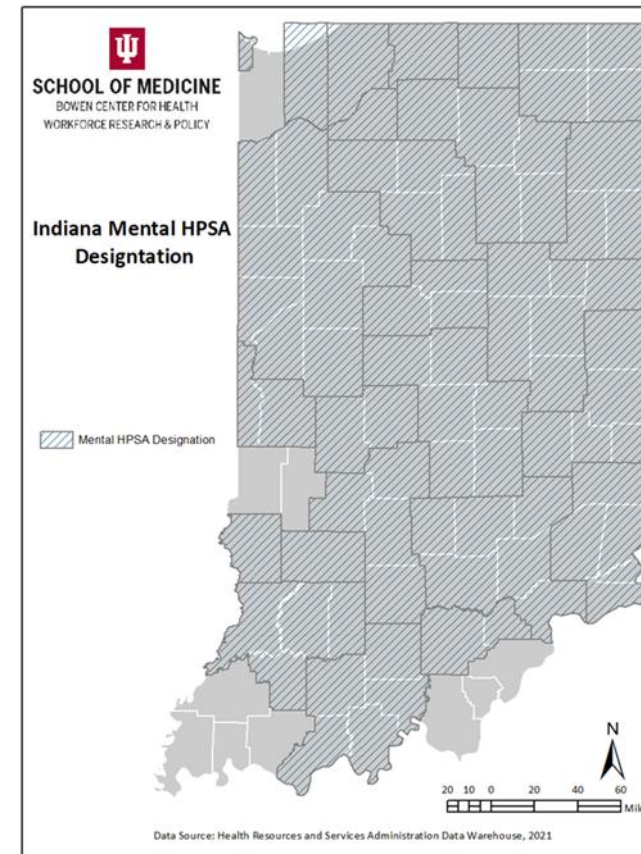
- Overall shortage of professionals/workers
- Shortage of professionals serving certain populations (example: Medicaid, people Substance Use Disorders)
- Maldistribution of workers (example: urban clustering)
- Shortage of skills (example: insufficient professionals/workers trained and/or providing Substance Use Disorder services)



INDIANA (MENTAL) HEALTH WORKFORCE: SHORTAGE

Quantifying shortages:

- Federal Health Professional Shortage Area (HPSA) designation (population to provider ratios)
 - Benefit: Standardized nationally, used to target policy initiatives
 - Challenges: Only account for certain professions and settings
- Are HPSAs sufficient?



REACTION TO SAMHSA'S STAFFING RECOMMENDATIONS

SAMHSA Recommendations for CCBHC/CMHC staffing

“Team Composition:

- 1 Supervisor (Master or Doctorate level, can be a Psychologist, Counselor or Social Worker)
- 1 Psychiatrist
- 4 Counselors/Case Managers
- 4 Peer Support Specialists
- 1 Nurse

One team consisting of the above professions listed will be needed to care for an average of 200 individuals diagnosed with SMI.”

Your thoughts?

- Has your center performed a staffing analysis?
- Does this seem appropriate?
- What might need to be taken into consideration before applying these ratios and considering them as “benchmarks”?

Source: Behavioral Health Workforce Report. SAMHSA. Page 15. Available at:
<https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>



ADDRESSING SHORTAGE, ENHANCING THE WORKFORCE

1. Define the shortage

1. Methods of identifying shortages (BY TYPE OF SHORTAGE) are needed

2. State levers for addressing shortages

1. Education/Pipeline:

1. Are we training enough? Are we training right (the right skills)? Are we training in the right locations?

2. Regulation:

1. Are regulatory policies balanced (safety and quality with individual economic opportunity)?
Are regulatory policies aligned and streamlined (where possible)?



INDIANA (MENTAL) HEALTH WORKFORCE: EDUCATION POLICIES

State Program:

- Higher education programs are reviewed by the Indiana Commission for Higher Education
- Education programs accredited by various profession-specific national accrediting bodies

Considerations:

- Masters level counselors require 2 years of experience for full clinical licensure. Sites and/or supervisors must be available to act as preceptors.
- There is some flexibility for education programs to tailor student experience (electives) to meet specific health services/interests, while sufficiently preparing students to meet licensure/regulatory requirements. This may better align student preparation with employer skill gap.



INDIANA (MENTAL) HEALTH WORKFORCE: OCCUPATIONAL REGULATORY POLICIES

Many mental/behavioral health professionals are state-regulated either through licensure (which is required to practice under a specific scope) or state-certification (which offers title protection and many times, required for reimbursement).

Licenses are administered by the Indiana Professional Licensing Agency under the Behavioral Health or Human Services Board, or the State Psychology Board. These license types include:

- Bachelor of Social Work (created in 2017)
- Social Worker
- Clinical Social Worker
- Marriage and Family Therapist (Associate)
- Mental Health Counselor (Associate)
- (Clinical) Addiction Counselor

Source: <https://www.in.gov/pla/social.htm>

The Division of Mental Health & Addiction recognizes certain entities as “Approved Addiction Credentialing Bodies”, including:


- Indiana Association for Addiction Professionals (IAAP)
- Indiana Counselors Association on Alcohol and Drug Abuse
- NAADAC, the Association for Addiction Professional
- Peer Network Indiana

Source: https://www.in.gov/fssa/dmha/files/DMHA_Approved_Addiction_Credentials.pdf



INDIANA BEHAVIORAL HEALTH WORKFORCE: REGULATORY POLICY LEVER

State Occupational Regulatory levers:

- Reciprocity
 -  BHHS Counselors
 - Others?
- Licensure compacts
 - PSYPact – SB 36
- Telehealth – Who can provide? What services?
 - SB 3: Telehealth Matters
- Supervision – Who can supervise? How much can be over telehealth?
- Practice – what are behavioral health professionals permitted to do?
 - SB 82 – defining “mental health diagnosis”

Other regulatory policies impacting the workforce?



BEHAVIORAL HEALTH WORKFORCE: REIMBURSEMENT POLICY

- **Considerations:**
 - What provider types are Medicaid-eligible? Bill directly or under supervisor?
 - What services are reimbursable?
 - What services can be provided (and reimbursed) under telehealth?
 - How does reimbursement (Medicaid-specific vs. private payers) impact providers' workforce setting preferences?
- [HB 1509](#) – Reimbursement for doctoral student-provided mental health services



BEHAVIORAL HEALTH WORKFORCE: RECRUITMENT & RETENTION POLICIES

- DMHA previously offered a Behavioral Health Loan Repayment program from 2014-2017
- Indiana Department of Health offers a State Loan Repayment Program through funding from HRSA
- Favorable recruitment policy: licensure reciprocity
- Other strategies:
 - Tax credit for faculty ([HB 1172](#))
 - State health workforce student loan repayment program ([HB 1021](#))



BEHAVIORAL HEALTH WORKFORCE: THE COVID-19 CONTEXT

The behavioral health workforce has been highlighted as critical infrastructure during COVID-19.

Governor Holcomb passed executive orders that impact how behavioral health professionals deliver services during public health emergency:

- Permitting temporary/licensure/practice for retirees ([20-13](#), [20-19](#)) and out-of-state licensees ([20-13](#))
- Suspending requirement for in-person continuing ed for psychologists ([20-21](#))
- Expanding telehealth delivery (audio-only [20-13](#), including mental health professionals [20-05](#), etc.)
- Liability protections for professionals ([link](#))
- And more



QUESTIONS?

Thank you!



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