Project Charter

services to all Idahoans.



IBHC 2024-2028 Strategic Plan

Workforce Development

Infrastructure #1: Implement strategies to increase recruitment and retention to strengthen the behavioral health professional workforce.

| TEAM LEADERSHIP | | |
|-------------------------|-------------------------------|--|
| Project Sponsors | Ross Edmunds, IDHW | |
| Team Chairs | Scott Rasmussen and Eric Call | |
| Team Reporter | Gina Westcott | |
| PURPOSE | | |

The North Star guiding the Workforce Implementation Team's recommendations is to create a robust, sustainable, and well-supported behavioral health workforce that ensures equitable access to care across Idaho. These recommendations are designed to strengthen training pipelines, enhance professional development, and address workforce shortages, particularly in rural and remote communities. By fostering strong partnerships with educational institutions, improving certification and training for Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Family Support Specialists paraprofessionals, and identifying solutions to recruitment and retention challenges, these efforts aim to build a

workforce that is prepared, empowered, and capable of delivering high-quality behavioral health

The Workforce Implementation Team is dedicated to strengthening Idaho's behavioral health workforce by expanding training opportunities, enhancing professional development, and addressing workforce shortages, particularly in rural and remote areas. Through strategic partnerships and data-driven solutions, the team seeks to build a sustainable and skilled workforc capable of meeting Idaho's growing behavioral health needs.

A key priority is expanding behavioral health training programs by collaborating with Idaho's colleges, universities, and technical schools. The team will conduct a statewide analysis of existing degree programs, identify gaps in internship and residency opportunities, and work with training programs and facilities to increase placements and expand the number of trainees. Another critical focus is professionalizing and strengthening the Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists workforce. This effort involves assessing the current state of Idaho's peer workforce, working with the Division of Occupational and Professional Licenses (DOPL) to update Idaho statute and rule regarding certification and training, and engaging Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists leaders in focus groups to determine professional needs.

To address workforce shortages in rural and remote communities, the team will gather information from clinics in these areas to identify recruitment and retention barriers, conduct an inventory of existing workforce strategies, and evaluate what is currently effective while identifying areas for improvement. By implementing these targeted strategies, the Workforce Implementation Team ain

to develop a resilient and well-trained behavioral health workforce that can provide high-quality ca across Idaho.

ACTION ITEMS TO ACCOMPLISH

- **1.** Expand Behavioral Health Training Programs
- 2. Strengthen Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists
- **3.** Address Rural and Remote Workforce Gaps

PARAMETERS OR CONSTRAINTS

In Scope

The following activities fall within the scope of the Workforce Implementation Team's work and align with the project's goals:

- 1. Expanding Behavioral Health Training Programs
 - o Conducting a statewide analysis of existing behavioral health degree programs.
 - Identifying and addressing gaps in internship and residency opportunities to strengthen the behavioral health workforce pipeline.
 - Partnering with colleges, universities, technical schools, and training facilities to increase placements and expand trainee numbers.
 - Developing strategies for workforce expansion that align with Idaho's behavioral health needs.
 - Conducting a comprehensive workforce analysis to assess the current state of Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialist paraprofessionals in Idaho.
 - Collaborating with the Division of Occupational and Professional Licenses (DOPL) to explore statute and rules changes to improve certification and training processes.
 - Engaging paraprofessionals Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists in focus groups to understand workforce challenges, wage compensation, needs, and opportunities for growth.
- 2. Addressing Rural and Remote Workforce Gaps
 - Gathering data from rural clinics to identify workforce recruitment and retention barriers.
 - Conducting an inventory of existing workforce strategies to determine effective practices and areas for improvement.
 - Developing recommendations and action plans to support workforce expansion in underserved rural and remote areas.

Out of Scope

The following activities fall outside the scope of this project and will not be directly addressed by the Workforce Implementation Team:

- Direct implementation of training programs The team will assess and provide recommendations, but the creation and execution of degree programs or training initiatives will be the responsibility of educational institutions and training providers.
- Providing direct funding or scholarships While the team may advocate for resources, securing and distributing financial aid for students or trainees is outside the project's scope.

- Legislative advocacy and lobbying The team will work with DOPL and provide recommendations on statue and rule updates but will not engage in direct lobbying efforts.
- Managing workforce recruitment for individual organizations The team will develop recommendations and strategies but will not be responsible for hiring or staffing behavioral health positions.
- Operational changes within healthcare facilities While the team will assess gaps and provide recommendations, implementing staffing models or facility-specific changes will be the responsibility of individual clinics and organizations.

| HIGH-LEVEL RISKS and MITIGATION STRATEGIES | | | |
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| Limited Participation and Engagement from | Establish early and ongoing communication | | |
| Key Stakeholders | with stakeholders, clearly articulating the | | |
| | benefits of participation. Form collaborative | | |
| | working groups, provide incentives where | | |
| | possible, and leverage existing professional | | |
| | networks to increase engagement. | | |
| Insufficient Funding and Resource Constraints | Identify and advocate for potential funding | | |
| | sources, including state and federal grants, | | |
| | private sector partnerships, and philanthropic | | |
| | contributions. Prioritize initiatives that can be | | |
| | implemented with existing resources while | | |
| | working toward long-term funding solutions. | | |
| Legislative, Leadership and Regulatory Barriers | Work closely with the Division of Occupational | | |
| | and Professional Licenses (DOPL) and | | |
| | policymakers to ensure alignment with existing | | |
| | regulations. Engage leaders and stakeholders | | |
| | in discussions early to build consensus and | | |
| | demonstrate the value of statute and rule | | |
| | updates. | | |
| Workforce Retention Challenges | Develop recommendations that address | | |
| | retention, such as career advancement | | |
| | pathways, competitive salaries, professional | | |
| | development opportunities, and workplace | | |
| | support systems. Engage with employers to | | |
| | promote workplace wellness initiatives. | | |
| Rural and Remote Recruitment Difficulties | Identify and promote financial incentives such | | |
| | as student loan forgiveness or relocation | | |
| | stipends for professionals working in rural | | |
| | areas. Collaborate with local communities to | | |
| | improve working conditions and professional | | |
| | support networks in these regions. | | |
| Incomplete or Inaccurate Workforce Data | Use multiple data sources, including workforce | | |
| | surveys, employer feedback, and state labor | | |
| | statistics, to ensure comprehensive analysis. | | |
| | Partner with academic institutions or research | | |
| | organizations to improve data accuracy. | | |

| Resistance to Change from Existing Institutions | Engage these institutions early in the process, |
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| | highlighting the long-term benefits of workforce |
| | development. Provide data-driven evidence to |
| | support the need for changes and identify |
| | opportunities to align new initiatives with |
| | existing priorities. |

| IMPLEMENTATION TEAM MEMBERS | | | | |
|-----------------------------|---|--|--|--|
| Adam Panitch | Idaho Department of Health and Welfare, Idaho Behavioral Health Plan | | | |
| Dr. Anne Stegenga | Independent Psychologist | | | |
| Ashley Porter | Idaho Department of Health and Welfare, Idaho Behavioral Health Plan | | | |
| Cade Hulbert | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Cheryl Foster | Idaho Supreme Court | | | |
| Chris Irizarry | Idaho Department of Health and Welfare, Division of Public Health | | | |
| David Tovar | Magellan of Idaho | | | |
| Debra Stace | Idaho Department of Health and Welfare, Idaho Behavioral Health Plan | | | |
| Dr. Lyn McArthur | HealthWest | | | |
| Eric Call | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Gina R. Westcott | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Jenny Lingle | Comagine Health | | | |
| Jessica Divine | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Laura Scuri | Access Behavioral Health | | | |
| Matthew Niece | Boise State University | | | |
| Mike Wraith | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Morgan Nicholson | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Nicole Cleveland | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Nicole Metzger | Idaho Department of Health and Welfare, Division of Public Health | | | |
| Rosie Andueza | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Ross Edmunds | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Scott Rasmussen | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Shannon Fox | Idaho Department of Health and Welfare, Division of Behavioral Health | | | |
| Toni Lawson | Idaho Hospital Association | | | |
| ADMINISTRATION | | | | |
| Meeting Cadence | Frequency: Monthly | | | |
| | Duration: 1.0 hours | | | |
| | Format: Virtual (with in-person meetings as needed) | | | |
| | Facilitator: Initiative Owner or Designated Team Member | | | |
| | Participants: | | | |
| | Team Members | | | |
| | Key Stakeholders (as needed) | | | |
| | Representatives from State Agencies | | | |
| Communication | Monthly Meeting Communication Plan: | | | |
| | Sub-Team Updates: Each sub-team will provide a summary of | | | |
| | their progress, key milestones, challenges, and any support | | | |
| | needed. | | | |

| | previous meetings will be reported, with adjustments made as necessary. Issue Resolution & Strategic Adjustments: Any barriers or delays in implementation will be discussed, with solutions proposed to keep the project on track. Stakeholder Feedback: Input from members and external | |
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| | stakeholders will be incorporated to refine strategies and enhance collaboration. | |
| made | ing documentation, including sub-team reports and decisions e, will be distributed after each meeting to ensure all members stay med and accountable. | |
| Amendment Process To en | sure that the Workforce Implementation Team Project Charter | |
| | ins relevant and effective, an amendment process will be | |
| estal | olished. Amendments to the charter may be necessary due to | |
| | changes in funding, policy direction, project scope, or operational needs. | |
| any t must and p a mir Follo appre amer | ndments to the Implementation Team Charter may be proposed by eam member, stakeholder, or leadership representative. Proposals the submitted in writing, detailing the proposed change, rationale, potential impact. The leadership team will review the proposal, with nimum 10-business-day discussion period for feedback. Wing the discussion, a supermajority vote (67%) is needed for eval, conducted via formal meeting or electronic ballot. Approved andments will be documented, implemented within an agreed frame, and archived with version control. | |
| Dates Amended | | |