



## Workforce Development

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

### TEAM LEADERSHIP

<b>Project Sponsors</b>	Ross Edmunds, IDHW
<b>Team Chairs</b>	Scott Rasmussen and Eric Call
<b>Team Reporter</b>	Shannon Fox

### 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, Family Support Partners, Peer Recovery Coaches and Provisional Peer Recovery Coaches, 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 services to all Idahoans.

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 workforce 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 workforce for Peer Support Specialists, Family Support Partners, Peer Recovery Coaches and Provisional Peer Recovery Coaches. This effort involves assessing the current state of Idaho’s peer workforce. The team will support the work of the DBH team in transitioning management and oversight of MH peer and SUD paraprofessional certifications from IDHW/DBH to Idaho’s Division of Occupational and Professional Licenses (DOPL).

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

**ACTION ITEMS TO ACCOMPLISH**

<b>1.</b>	Expand Behavioral Health Training Programs
<b>2.</b>	Strengthen Peer Support Specialists, Certified Recovery Coaches, Certified Peer Recovery Coaches, and Peer and Family Support Specialists
<b>3.</b>	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
  - 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 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 statute 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**

Limited Participation and Engagement from Key Stakeholders	Establish early and ongoing communication 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	Recruit a member of the DBH team that is working to transition management and oversight of MH peer and SUD paraprofessional certifications from IDHW/DBH to Idaho’s Division of Occupational and Professional Licenses (DOPL).
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, 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.
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IMPLEMENTATION TEAM MEMBERS	
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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	
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<b>Meeting Cadence</b>	<p>Frequency: Monthly</p> <ul style="list-style-type: none"> <li>• Duration: 1.0 hours</li> <li>• Format: Virtual (with in-person meetings as needed)</li> <li>• Facilitator: Initiative Owner or Designated Team Member</li> <li>• Participants: <ul style="list-style-type: none"> <li>Team Members</li> <li>Key Stakeholders (as needed)</li> <li>Representatives from State Agencies</li> </ul> </li> </ul>
<b>Communication</b>	<p><b>Monthly Meeting Communication Plan:</b></p> <ul style="list-style-type: none"> <li>• Sub-Team Updates: Each sub-team will provide a summary of their progress, key milestones, challenges, and any support needed.</li> <li>• Action Item Review: Progress on assigned action items from previous meetings will be reported, with adjustments made as necessary.</li> </ul>

	<ul style="list-style-type: none"> <li>• Issue Resolution &amp; Strategic Adjustments: Any barriers or delays in implementation will be discussed, with solutions proposed to keep the project on track.</li> <li>• Stakeholder Feedback: Input from members and external stakeholders will be incorporated to refine strategies and enhance collaboration.</li> </ul> <p>Meeting documentation, including sub-team reports and decisions made, will be distributed after each meeting to ensure all members stay informed and accountable.</p>
<b>Amendment Process</b>	<p>To ensure that the Workforce Implementation Team Project Charter remains relevant and effective, an amendment process will be established. Amendments to the charter may be necessary due to changes in funding, policy direction, project scope, or operational needs.</p> <p>Amendments to the Implementation Team Charter may be proposed by any team member, stakeholder, or leadership representative. Proposals must be submitted in writing, detailing the proposed change, rationale, and potential impact. The leadership team will review the proposal, with a minimum <b>10-business-day discussion period</b> for feedback.</p> <p>Following the discussion, a <b>supermajority vote (67%)</b> is needed for approval, conducted via formal meeting or electronic ballot. Approved amendments will be documented, implemented within an agreed timeframe, and archived with version control.</p>
<b>Dates Amended</b>	10-22-2025