

MEETING MINUTES
Governor's Health Workforce Council
Friday, November 17th, 2017 10:00am-12:00pm
Indiana Government Center South, Conference Room 4+5

Members Present:

- **Michael Barnes**, *Associate Chief Operating Officer for Employer Engagement*, Indiana Workforce Development
- **Andre Bennin**, *Senior Operations Director*, Office of Governor Eric Holcomb
- **Pamela Pontones (for Kristina Box)**, *Commissioner*, Indiana State Department of Health
- **Senator Ed Charbonneau**, *Senator*, Indiana Senate, Chair of Health and Provider Services
- **Deborah Frye**, *Executive Director*, Professional Licensing Agency
- **Logan Harrison**, *Director of State Affairs*, Anthem, Inc.
- **Representative Cynthia Kirchhofer**, *Representative*, Indiana House of Representatives, Chair of Public Health Committee
- **Cody Mullen (for Don Kelso)**, *Executive Director*, Indiana Rural Health Association)
- **Hannah Maxey**, *Assistant Professor and Director*, Bowen Center for Health Workforce Research and Policy
- **Patrick McAlister**, *Director of Policy*, Indiana Department of Education
- **Jim McClelland**, *Executive Director for Drug Prevention, Treatment, and Enforcement*, State of Indiana
- **Lisa Magnifico (for Phil Morphey)**, *Chief Executive Officer*, Indiana Primary Health Care Association)
- **Ken Sauer**, *Senior Associate Commissioner and Chief Academic Officer*, Indiana Commission for Higher Education
- **Brian Tabor**, *President*, Indiana Hospital Association
- **Jennifer Walthall**, *Secretary*, Indiana Family Social Services Administration

Members Not Present:

N/A

Invited Guests:

- **Allison Taylor**, **Chair, State Loan Repayment Program Workgroup** (*Director*, Office of Medicaid Policy & Planning)
- **Judy Hasselkus**, **Chair, Community Health Worker Workgroup** (*Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Science*, Department of Workforce Development)
- **Laura Heinrich**, **Co-Chair, Community Health Worker Workgroup** *Director of Cardiovascular Health and Diabetes*, Indiana State Department of Health

Welcome

Michael Barnes calls the meeting to order at 10:03am. A roll call was taken and a quorum was present.

Michael Barnes states that the work of this Council is in synergy with the Governor's Next Level Agenda for 2018 that was recently released.

Approval of Minutes from Meeting on August 31st, 2017

Michael Barnes asks for a motion to approve the previous meeting's minutes. Ken Sauer makes a motion to approve the previous meeting's minutes. Jennifer Walthall seconds this motion. All members approve. No opposition. Motion carries.

Report Update on the Workgroups

State Loan Repayment Program (SLRP) Workgroup

Michael Barnes introduces Allison Taylor, Chair of the State Loan Repayment Program Workgroup, to update the Council on their work.

Allison Taylor shares that the SLRP workgroup first met earlier this week. She describes the scope and work plan for this workgroup, including: identifying which professions will be eligible for repayment, determining a funding source, and strategizing a mechanism for program administration/implementation. She states that the workgroup's first steps are to explore how other states have implemented similar programs. She explains that at the next workgroup meeting, the group will begin to discuss how eligible professions should be determined. The workgroup will meet monthly in 2018.

Michael Barnes asks if the federal SLRP program puts parameters around how much time that the professional must commit to serve. Allison Taylor responds yes, there are parameters.

Michael Barnes asks if this type of program could include a wide variety of health professions. Jennifer Walthall responds affirmatively. Jennifer Walthall responds that she was a recipient of the SLRP program and it highly impacted her decision to practice in Indiana.

Ken Sauer asks if the eligibility of professions is federally-defined or if there is state flexibility in program administration. Allison Taylor responds that there is flexibility as to how the states want to implement the program. She said that states have the option to select professions from the given "menu" of all federally-defined eligible professions. Ken Sauer asks if only the eligible professions that are federally defined are the ones that can be included. Allison responds that yes, only these professions can be included in the National Health Service Corps SLRP program. However, the federally-defined list of eligible professions is quite broad, including doctoral, masters-level, and associate-level licensed health professions in primary care, dental health, and mental health.

There were no additional questions or feedback on the SLRP Workgroup.

Community Health Worker (CHW) Workgroup

Michael Barnes introduces Judy Hasselkus, Chair of the Community Health Workgroup, to provide an update on their work thus far.

Judy Hasselkus greets the Council and expresses her appreciation for the opportunity to serve on this important initiative and introduces her Co-chair, Laura Heinrich, from the Indiana State Department of Health.

Judy provides an overview of the work of the CHW workgroup at their first meeting on October 17, 2017. She encourages Council members to offer additional recommendations and feedback from their perspectives. She describes the October CHW Workgroup meeting centered on discussing an overview of the CHW profession and outlined the general scope and timeline for the workgroup, including: defining a

CHW, identifying their role, outlining training/education/competencies, and discussions surrounding a mechanism for reimbursement.

Jennifer Walthall states that the Office of Medicaid Planning Policy Committee has done work on some of the action items that have to do with reimbursement and that she will send this information to the workgroup chairs. Judy responds that she has been working with Cody Metzger from OMPP and will participate in their working meetings, to ensure alignment and synergy among these initiatives.

Pamela Pontones asks who the workgroup envisions offering the CHW training. Judy Hasselkus responds that this has yet to be determined by the workgroup.

Ken Sauer states that the Commission for Higher Education has had discussions with employers in the mental health sector and they suggested that there may be competencies that didn't seem to be met in new graduates. He states the Commission has had discussions with higher education providers throughout the state. He suggests that community mental health centers and graduate mental health-related educational programs be engaged in the CHW workgroup efforts as well, especially as the workgroup tackles the competency portion of the work plan.

Judy Hasselkus asks the Council for any further comments or recommendations for future work. No further questions or comments were asked/made. Judy thanks the group for their efforts and welcomes Council members to attend future CHW workgroup meetings.

Health Workforce Modernization and Innovation Workgroup

Michael Barnes gives an update on the Council on the Healthcare Modernization and Innovation Workgroup. Due to transitions in leadership, this workgroup has not yet held their first meeting. Deborah Frye will be serving as Chair of this workgroup moving forward.

Michael Barnes states that Indiana was one of eleven states that was selected by the National Council on State Legislature National Governor's Association on occupational licensing to work with other states to develop the best practices, review activities, and how licensing affects ability to do work.

Update on Occupational Licensing Policy Learning Consortium

Michael Barnes provides Council members with an overview on the Occupational Licensing Policy Learning Consortia. He states that the project goal is to balance consumer protection and eliminate unnecessary barriers to entering the workforce. This project focuses on ensuring accessible entry into high-demand occupations and ensuring portability for individuals in these occupations. The project identified target populations that may be disproportionately affected by licensure barriers: military veterans and spouses, people with criminal backgrounds, and unemployed workers. Indiana saw this project as an opportunity to build on the previous work of the Governor's Health Workforce Council and occupations in the health sector. Indiana prepared an application in August and was notified of award in September. Indiana was one of eleven states to be awarded to participate in this consortium. Michael states that he will be presenting to the Council on slides that were prepared by the Project Partners and presented in a webinar earlier this month. The webinar was attended by Michael Barnes and Hannah Maxey and the slides were provided by the Project Partners following the webinar conclusion. The information presented today provides a background for the target populations and identifies what licensing barriers might be experienced by these individuals.

Veterans and Military Spouses

Michael shares that the current United States veteran population is 18.8 million. The active duty military spouse population is ~1 million. He states that males make up the largest population of veterans.

Hannah Maxey comments that the female veteran population are the fastest growing group and they are projected to increase over the next 20 years.

Michael Barnes states that from a workforce perspective, veterans are highly sought after because of the skills they have acquired from the service. Military spouses are 93% female and are, on average, 33 years old. Most of them have a child under the age of 18. Military spouses move across states ten times more than their civilian counterparts. This highlights any licensure portability issues experienced by these individuals.

Hannah Maxey comments that 84% of the spouses have a higher level of education, which highlights their employability. She then states that the unemployment rates for military spouses is higher than civilian counterparts and comments that occupational licensing may be a barrier to employment for this population.

Michael Barnes states that the rate of unemployment for veterans is 4.3%. Occupational licensing may be a barrier to employment because requirements vary by state, the skills have different translations, some veterans do not meet the discharge qualifications, lack self-marking skills, and some are coming into the workforce with a disability.

Michael Barnes states there are 35% of military spouses that are working in a field that requires licensure and that there may be difficulty in this process due to frequent moves and different state requirements. This may be an opportunity for increasing licensure portability.

Individuals with Criminal Histories

Hannah Maxey presents the background information on individuals with criminal histories that was prepared by the Project Partners. She explains that, on average, one in three United States adults have a criminal record and it affects 700,000 million working age adults. A recent review found that there were more than 27,000 different state licensing restrictions in place across the United States. These restrictions could be in the form of “blanket bans” (automatic banning for persons with a criminal record), permanent disqualifications, or mandatory disqualifications. Potential strategies that other states have utilized include: issuing certificates of rehabilitation, protecting employers from negligent hiring, limiting use of arrest records, and requiring case-by-case determination. She then discusses some examples of implemented strategies in different states.

Hannah Maxey states that of those individuals with a criminal history, some have substance abuse disorders that may or may not be associated with their history. As Indiana is thinking about long-term recovery in these individuals with substance abuse disorders, gainful employment will be key. Jim McClelland states it is well-known that key factors in rehabilitation of persons with a criminal history are 1) housing and 2) employment. He states that as a state, we have to balance the overall picture to link these people to employers to help facilitate them into re-entry in the workforce.

Hannah Maxey states that there may be opportunities for CHWs to serve as social support in recovery for these individuals with substance abuse disorders. Jim McClelland responds affirmatively, that the wraparound support is important.

Ed Charbonneau asks if any policy changes made would have to apply to all target populations of this project. Michael Barnes responds that it is dependent on the policy change and that states have the flexibility to implement changes that make sense for them.

Deborah Frye states that typically if an individual has an expunged record, the expungement is usually recognized in regard to licensure. The record may be reviewed but does not usually result in an automatic prohibition from licensure.

Brian Tabor states that from a hospital perspective, when considering criminal backgrounds affecting employment, some federal regulations or national accreditations may limit where an individual can be employed.

Hannah Maxey gives an overview on the definition of dislocated and unemployed workers. Data that was presented by the Project Partners demonstrates that among individuals age 18 to 35, the unemployment rate was nearly twice as high for individuals without a license compared to those with a license. It also takes longer for older unemployed, un-licensed workers to find a job compared to individuals of the same age *with* a license. Barriers to licensure for unemployed and dislocated workers include: the time and cost it takes to obtain the license, licensing fees, and exams. She then summarizes some strategies employed by other states to eliminate or reduce these barriers.

Indiana's Target Occupations

Michael Barnes transitions to describe the landscape of the four occupations that Indiana selected to focus on in this project. He states the occupations that were selected are all health occupations that require less than a bachelor's degree, have projected employment growth rate above the national average, and have total employment level of 10,000 individuals or greater. The four occupations targeted for Indiana were: Emergency Medical Technician/Paramedic, Certified Nurse Aide, Licensed Practical Nurse, Dental Hygienist. He states that the rest of the meeting will be dedicated to discussing these occupations further and how they interact with the previously described target populations.

Michael begins to describe the occupations, starting with EMT/paramedics. Brian Tabor shares that community paramedicine has been a recent initiative, especially targeting substance abuse. Michael Barnes echoes that the results of paramedicine are positive, especially among the elderly population, resulting in lower re-admission rates.

Michael Barnes asks Ken Sauer if the Commission for Higher Education has any initiatives related to paramedics. Ken Sauer states that this occupation has been one of focus during the work of the Multi-state Collaborative on Military Credit; Vincennes University has a bridge program to translate military medic experience into civilian credit.

Michael Barnes describes the next occupation of focus: dental hygienist. Indiana is experiencing a shortage of dentists and oral health service providers, especially in rural regions and specifically with Medicare recipients.

Michael Barnes gives an overview of Certified Nurse Aides and their job requirements. He states that Department of Workforce Development data suggest there are approximately 12,000 openings by 2022, likely due to the aging population in home care and long-term care. He states the Council discussed last year that there is an approximate 95% turnover rate in long-term facilities.

Michael Barnes gives an overview of Licensed Practical Nurses and their job requirements. Hannah Maxey states that CNAs and LPNs serve as the backbone of the direct care workforce for the aging population, whether in home care or long-term care facilities.

Ken Sauer comments on the career ladder pathway that Ivy Tech has developed to allow for stackable credentials from CNA to LPN. Michael Barnes adds that the CNA occupation can be considered an entry-level occupation into other health occupations.

Ed Charbonneau asks what is going to be done with the four occupations that were selected. Hannah Maxey responds that the first step is to take a deeper dive into understanding the current licensure framework for each of these occupations in Indiana. She adds that Indiana might consider the opportunities and strategies that other states have adopted to reduce barriers, specifically amongst the target populations.

Brian Tabor asks if the role of multi-state compacts has been explored thus far. Michael Barnes responds that Indiana hopes to understand more about strategies, such as compacts, from other states as a part of our participation in the Consortium.

Hannah Maxey asks the Council for input to prepare for the Consortium's first multi-state meeting in December. She asks the Council to break into smaller groups to discuss the aforementioned strategies to identify if Indiana should procure additional information on these strategies.

Ken Sauer reports out for his small group, stating they discussed the importance of recognizing military experience as civilian credit, efforts toward reciprocity between states, and collaboration with other states (licensing boards) or national associations to ensure Indiana's requirements align with that of other states.

Michael Barnes reports out for his small group, stating their group discussed similar initiatives, including focusing on the transportability of licenses between states, especially for veterans and military spouses. They also discussed that funding training may be a barrier, especially for individuals of low-income. He states there are different opportunities to fund this, such as Work Indiana (adult education program), Governor's Next Level Jobs, and Workforce Study Grants. He states there may be opportunity to expand the HIRE program (Hoosier Initiative for Re-Entry) to ensure the individual is connected with training or certificate programs that may be necessary for employment. He states their group also discussed the importance of apprenticeship programs and "on the job" or "before the job" training.

Pam Pontones reports out for her small group, stating they spent most of their time discussing the veteran/military spouse population. She states that they focused on the concept of removing interstate licensure barriers. They also discussed the importance of recognizing military service as college credit through. For individuals with criminal backgrounds, she states they discussed opportunities in eliminating or limiting automatic disqualifications from employment and the requirement of a board to give reasons for rejection.

Brian Tabor reports out for his group, stating they focused on additional work in translating military experience to college credit. He states they also discussed mechanisms to inform people of why they could be rejected from employment due to their criminal background, so that individuals at the early stages of their career are on a pathway that can result in the license needed for employment. He states they also discussed exploring the idea of compacts to facilitate portability of licenses.

An individual from the public shared that their group discussed that if reciprocity across states is given, quality of the workforce may need to be considered. There may be additional ways to assess that (through review of individuals that were "grandfathered" into licensure, exams, etc.).

Brian Tabor states that it is important to understand the differences between multi-state compacts and reciprocity.

Hannah Maxey asks Council members to break into their groups again to discuss if there is any strategy or another occupation that Indiana should consider as a potential strategy for our participation in the Consortium.

Brian Tabor reports out for his group, stating that they encourage Indiana to focus on displaced workers, specifically looking if there are DWD or federal funds available to support individuals to enter into licensed positions. They also suggest going beyond the four occupations originally selected to expand this work into additional workforces in the future.

Pam Pontones reports out for her group, stating they are interested in additional occupations such as community health workers that do not have licensure or fee barriers. They also expressed an interest in strategies to make Indiana competitive for retention.

Michael Barnes reports out for his group, stating they recommend keeping a systemic perspective, ensuring the focus is on quality, access, and cost, and how Indiana can identify the unnecessary licensure barriers and develop strategies to reduce those barriers.

Cody Mullen reports out for his group, stating they recommend expanding the occupational licensure examination to include high demand non-health care occupations (such as electrician, HVAC, plumbers). He states they also discussed including patient navigators that assist individuals enrolling in insurance, stating this person may be a patient's first point of contact with the health care system.

Closing Remarks

Michael Barnes thanks the Council for attending and participating in the meeting. He states that the next Council meeting is scheduled for Thursday, February 22, 2018, and calls the meeting to adjourn at 12:00 pm.