

# Mental and Behavioral Health Workforce Task Force

Monday, August 15, 2016

**WELCOME**

# APPROVAL OF MINUTES FROM LAST MEETING

# REVIEW OF PREVIOUSLY IDENTIFIED PRIORITIES

# Identified Issues

- See handout for voted priorities from RedCap survey

# Access

|  | Count |
|--|-------|
| Assess retention of talent in Indiana (develop exit interview survey tool for organizations to administer)                         | 3     |
| Develop strategies to address telemedicine limitations under current statute   | 4     |
| Develop strategy to provide Continuing Education in mental health/addiction for primary care providers                             | 5     |
| Develop user-friendly, web-based platform for referring providers and consumers with information on where services can be accessed | 2     |

# Licensing/Certification

|   | Count |
|---|-------|
| Designate or establish an entity/credentialing body to support feasibility assessment for new and emerging workforce models, which support health system transformation and advance total patient health (including mental health and addiction). | 6     |
| Develop competencies and certification mechanisms for peer-to-peer counselors and non-licensed health professionals.  | 8     |

# Needs Assessment

|   | Count |
|---|-------|
| Survey/focus groups with consumers to gain consumer perspective       | 7     |
| Survey/focus groups with students to gain future pipeline perspective | 7     |



# Reimbursements

|  | Count |
|--|-------|
| Administrative simplification across all payers (centralized credentialing body, universal PDL, universal PA forms, monitoring UM protocols for parity compliance) | 1     |
| Gaining Medicaid reimbursement for mid-level, community health, and recovery workers   | 9     |
| Reimbursement parity with physical health professionals (equivalency in reimbursement for similarly educated/licensed/trained professionals)                       | 4     |

# Which area should be the highest priority?

|                         | Count |
|-------------------------|-------|
| Access                  | 6     |
| Licensing/Certification | 1     |
| Needs Assessment        | 4     |
| Reimbursements          | 3     |

# POLICY INITIATIVES TO SUPPORT HEALTH WORKFORCE INNOVATIONS

Examples from two states

# Threats

- Hoosiers with mental health and addiction needs
  - High rates of ED utilization
  - Demonstrated need for addiction services
- Shortage (by type, geography, practice characteristics, etc.) of mental health professionals to serve meet the mental health (primary care and oral health) needs

# Issues

***“States must be prepared to respond to health system transformation through workforce innovations.”***

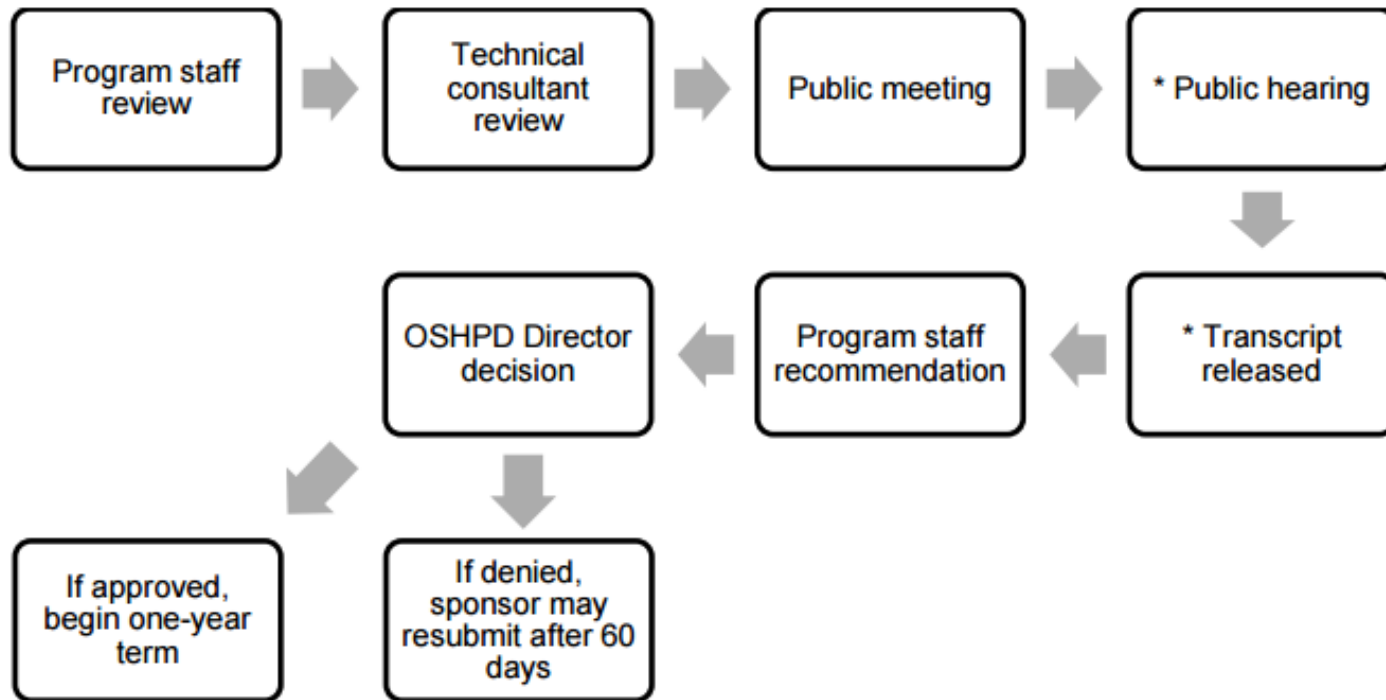
Barriers (identified by the task force) to addressing these threats:

- Access
- Licensing/Certification
- Understanding Needs
- Reimbursements

# Model: Health Workforce Pilot Projects Program (see handout)

| Program Name        | Health Workforce Pilot Projects Program  |
|---------------------|--|
| Where is it housed? | Under the Office of Statewide Health Planning and Development in the Health and Human Services Agency  |
| Membership          | Staffed as a state agency  |
| Purpose             | <ul style="list-style-type: none"><li>• Facilitate better access to healthcare</li><li>• Expand and encourage workforce development</li><li>• Demonstrate, test, and evaluate new or expanded roles</li><li>• Help inform Legislature when considering changes to existing legislation</li></ul> |

# Model: Health Workforce Pilot Projects Program



# Model: Health Workforce Pilot Projects Program

Outcomes:

173 sponsors  
have submitted  
applications  
since 1972

123 HWPP  
applications  
have been  
approved

117 HWPP  
applications  
have been  
administered

77 Pilot Projects  
have resulted in  
legislative  
and/or  
regulatory  
change



# Model: Health Workforce Pilot Projects Program

- Strategic Strengths:
  - Promotes the testing of innovative workforce models
    - New roles
    - Expanding roles
    - Payment delivery models

# Model: Board of Health Professions (see handout)

| Program Name        | Board of Health Professions   |
|---------------------|---|
| Where is it housed? | Alongside other licensing boards, under the Secretary of Health and Human Resources   |
| Membership          | 17 members: 1 member from each of the 12 separate licensing boards and 5 citizen members  |
| Purpose             | <ul style="list-style-type: none"><li>• To improve access to safe and effective health care</li><li>• To promote appropriate regulation.</li><li>• To encourage resolution of disciplinary cases.</li><li>• To provide a forum for debate/consensus for scope of practice issues.</li><li>• To determine the need for regulation of unregulated professions and examine emerging professions and treatments.</li><li>• To conduct studies mandated by the General Assembly or requested by the public.</li><li>• To put appropriate information about health care practitioners in the hands of consumers.</li><li>• To have a system to monitor the effect and impact of professional regulation on the delivery of appropriate health care.</li><li>• To educate and inform policy makers</li></ul> |

# Model: Board of Health Professions

- Strategic Strengths:
  - Sunrise reviews: Evaluation of new professions to determine whether an occupation should be regulated to protect the health, safety, or welfare of the public
  - Sunset reviews: Evaluation of current or expiring legislation to determine whether it is still relevant
  - Representation of all licensing boards as well as consumers

# Implications for Indiana

- No mechanism(s) such as these currently in place
- Many of the currently identified barriers could be addressed (to some extent) through these models
  - Access
  - Licensing/Certification
  - Understanding Needs
  - Reimbursements

# What might this look like for Indiana?

- “Health Workforce Innovations Board”
  - Review current statutes
  - Evaluation of pilot programs (workforce models, reimbursement mechanisms, etc.) in partnership with state agencies (example: DWD, ISDH, FSSA)

DISCUSS NEXT STEPS

# Next Steps

- **Recommendations to the Council**

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# Next Task Force Meeting

- **Date:** Thursday, September 15, 2016
- **Time:** 2:00-4:00pm
- **Location:** Government Center South, Conference Room C

# Next Council Meeting

- **Date:** Thursday, September 1, 2016
- **Location:** 302 W. Washington St. Indianapolis, IN 46204 Government Center South, Conference Room A