

MEETING MINUTES
Mental and Behavioral Health Workforce Task Force
Thursday, September 15th, 2016, 2:00 pm-4:00pm
Government Center South, Conference Room C

Members Present

Kevin Moore, Director of Division of Mental Health and Addiction, Indiana Family and Social Services Administration, Co-Chair
Joe Moser, Director of Medicaid, Indiana Family and Social Services Administration, Co-Chair
Matt Brooks, Indiana Council of Community Mental Health Centers, Inc.
Kathy Cook, Affiliated Service Providers of Indiana, Inc.
Deena Dodd, Indiana Rural Health Association
Ukamaka Oruche, Indiana University School of Nursing
Calvin Thomas, Ivy Tech Community College
Dennis Anderson, Community Health Network Psychiatry Residency Program
Don Osborn, Indiana Wesleyan University
Michael Patchner, Indiana University School of Social Work
Kimble Richardson, Indiana Professional Licensing Agency
Brian Hart, Eskenazi Health

Members Absent

Stephen McCaffrey, Mental Health America of Indiana
Phil Morphey, Indiana Primary Health Care Association
Barbara Moser, National Alliance on Mental Illness
Stanley DeKemper, Indiana Counselors Association on Alcohol and Drug Abuse
Anne Gilbert, Mental Health and Addiction Services Development Program Board
Spencer Grover, Indiana Hospital Association

Kevin Moore called the meeting to order at 2:07pm. A quorum is present.

Kevin Moore asks Task Force members to review the previous meeting's minutes. Minutes were approved by consensus of the membership.

Kevin Moore begins the discussion on the review of the Governor's Health Workforce Council meeting held on September 1st, 2016. Council members voted to move all recommendations from both Task Forces forward.

Dr. Hannah Maxey speaks in regards to the Joint Recommendation made by both Task Forces. She states that the Education, Pipeline, and Training Task Force meeting met last week and discussed the potential for a work group to be formed from membership of both Task Forces. This work group could focus a dedicated time to look at the recommendation and jointly propose a recommended action plan. The date for this work group will be September 21st from 2:00-4:00 pm in a conference room at the Department of Workforce Development at Government Center South. Dr. Maxey asks those present who are interested in being a part of the work group to get in touch with the Bowen center.

Kevin Moore provides an overview of what took place at the Governor's Health Workforce Council's meeting.

Dr. Maxey shares with the Mental and Behavioral Health Workforce Task Force what the recommendations were from the other Task Force (Education, Pipeline, and Training). She also shares that the Council requested some verbiage changes to a few of the recommendations from the other Task Force.

Calvin Thomas gives an overview to the Task Force members on the military credit bridge program that has been discussed at the other Task Force. He explains that Vincennes University has bridge programs to translate military experience and training into college credit, based on a service member's experience/training/rank.

- Michael Patchner asks which other states, or perhaps Vincennes, are giving credits and what the maximum number of credits given and are accepted is. Calvin Thomas responds that from what he has seen the number of credits being given depends upon the program, rank, and training.

Kevin Moore states that the work of the Task Force today will focus on developing an implementation plan for the Council. Dr. Maxey states that they will walk through the four recommendations made by this Task Force and will not work on the Joint Recommendation today.

Recommendation #5: Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.

Dr. Maxey asks what issues/data points which should be presented in the overview section, to provide rational for the recommendation.

- Matt Brooks states that the curriculum issue is much broader and should encompass all aspects of business operations in terms of what the curriculum should look like and not necessarily just training physicians to some degree in mental health in the primary care setting.
- Dr. Maxey asks if continuing education integration refers to inter-professional or does it refer to integration of mental health services into one provider's own practice. Dr. Dennis Anderson states that starting next year psychiatric residency programs will require training in integrative health care in the collaborative care model. Kevin Moore asks if it is the same effort around other physician types. Dr. Dennis Anderson responds that the collaborative care model with psychiatry residents is typically in family medicine or internal medicine. They work closely together and get used to working in that model.
- Calvin Thomas states that the Task Force may need to distinguish within the scope of the recommendation; does this refer to pre-certification/licensure or post- (i.e. continuing education).
- Dr. Maxey walks through clarifying what the Task Forces' vision and desired outcome of the recommendation should be.
- Dr. Brian Hart states that there may be dissention with the word "integrated". He states the collaborative care model is best in expanding treatment to those who encompass the mild to moderate mental illness. He states it is important to increase provider's skills and comfortability with identifying mental health issues and addictions.
- Dr. Dennis Anderson states that there is a lack of training and resources in collaborative care within the education sector. Calvin Thomas states that this goes back to the education sector. Dr. Dennis Anderson states that there has to be career opportunities for these positions, and also resources to pay for integrated services. Calvin Thomas asks if the recommendation is about establishing a new baseline or foundation around mental health care. Dr. Dennis Anderson responds yes, and that it has to be across disciplines and involve cross training programs

- Michael Patchner states that Indiana University has established a program, Center for Inter-Professional Health Education and Practice {CIPHEP} which offers a collaborative care model with many disciplines involved in a team-approach towards physical and mental health care.
- Kevin Moore states that he interpreted the recommendation as being designed for graduates who need the education and information in order to work in a collaborative care model, so that they can make the appropriate referrals and find the help needed.
- Dr. Dennis Anderson states that he finds that students can become comfortable with the collaborative care model very quickly, but payment to practice in this model is not available to them.
- Dr. Maxey clarifies the recommendation's focus. She asks if the recommendation is focused on enhancing curriculum for all health professionals concerning competencies, or on continuing education for existing primary care providers in order to help them manage care through evaluation, diagnosing, and coordinating care. Dr. Maxey asks if there is reconciliation within the recommendation, or should the recommendation be separated.
- Dr. Ukamaka Oruche discusses training the primary health care workforce as well as the existing health care practitioners in basic mental health services.
- Dr. Brian Hart states that if this is for continuing education, then those opportunities already exist but may not be being used. Dr. Maxey states that CE specifically in mental health/addictions is currently not a requirement, but it could be a part of the composition which could be an actionable and measurable proposed step.
- Dr. Ukamaka Oruche states that financial support is also important due to expense for CE requirements. Dr. Maxey states that there could be opportunities made available that would offer as few barriers as possible for providers.
- Michael Patchner states that maybe identifying curricular and continuing education opportunities verbiage would offer better language.
- Don Osborn states that there should maybe be an action step to identify what is missing from an academic program; the Task Force should take a look what is being done and what is missing from the curriculum.
- Dr. Maxey states that it sounds as if there are separate areas; CE for all providers {focusing on primary care providers first}, recognizing that there is current training available which may not be leveraged. The second issue would be curricular reform. Dr. Maxey continues that the major issue of reforming curriculum is that it is a significant undertaking, but an action step may be the development of an academic work group which would tackle the issue of curriculum. The group would work consistently to address integration of mental and behavioral health competencies into Indiana's health professions training programs.
- Matt Brooks asks if modifications to the recommendation are allowed. Kevin Moore responds that yes, there is potential to modify the wording of the recommendations and re-present them to the Council.
- Dr. Dennis Anderson states the system for care delivery needs to be put in place so that we are positioned to deliver care when the payment model changes.
- Joe Moser asks if the votes which the Council took ensure that all 8 recommendations will be in the document. Dr. Maxey responds that as she understood it, the Council was presented with preliminary information (background and the proposed recommendation) and the Council voted to allow the Task Forces to fully flush the approved recommendations in the strategic plan document. The Council will have the final vote and opportunity to edit it. Joe Moser states that as long as it is within the spirit of the recommendation that modifications to the language would be agreeable.

Recommendation 6: Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.

Dr. Maxey shares that in presenting this recommendation to the Council, some members raised concerns about lifting prescribing restrictions. Some concern was voiced that whatever the recommendation would be from the Task Force, that it would be examined carefully and would not allow electronic “pill mills”.

Dr. Brian Hart states that it may need to be explained better, that clarification may be needed as to what cases certain prescriptions can/cannot be prescribed.

- Dr. Maxey asks if a document exists on this. Matt Brooks states that they are proposing legislation which clarifies and explains the purpose of the use of prescribing controlled substances. Dr. Maxey states that because of the complexity of the recommendation that it would be helpful to have experts to help with the language. Matt Brooks states that it encompasses access and continuity of care.

Recommendation 7: Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.

- Kevin Moore states that we need to hear from a consumer standpoint in order to have a health system which works as well as what health care students are looking for. Don Osborn discusses an example of student demands on hiring. Dr. Maxey responds that the vision for this recommendation is to have information from the consumer, provider, and future workforce by means of qualitative and quantitative information. Dr. Ukamaka Oruche states that patients and families need to be represented as well. Dr. Maxey states that if the recommendation is a Needs Assessment then we should develop a plan for the represented group and involve key stakeholders.
- Calvin Thomas asks about needs assessment – will this also include the number of people wanting to enter into the profession from a workforce shortage perspective. Kevin Moore states that it intended to capture both. Dr. Maxey states that identifying community partners is important to enhance the understanding of mental health professions among students. Indiana Area Health Education Centers would be a great help with that. Calvin Thomas states that outside of mental and behavioral health workforce, demand is clearly laid out for all students.
- Don Osborn responds that students may not be fully aware of the specific area within their field choice that is available to them. Calvin Thomas states that it might be helpful to search if an assessment already exists, so that the Task Force could build upon that work. Kathy Cook states that concerning the needs assessment, the Task Force should also include providers and payers who may have a different insight into need.
- Dr. Maxey summarizes the vision and the potential action steps of the recommendation.
- Deena Dodd asks if high school students should be included. Dr. Ukamaka Oruche responds that she believes that yes they should, as they represent the future pipeline. Dr. Maxey asks who will be the owner and coordinator of the needs assessment, and states that performing a needs assessment at this level would likely have require some level of fiscal support.
- Dr. Maxey states that Bowen would be happy to partner with the organization to help facilitate the needs assessment if the Task Force wishes. Calvin Thomas states that Ivy Tech could also partner.

Recommendation 8: Enhance or obtain reimbursements for services provided by mid-level, community health, integrated care specialists, and recovery workers.

- Don Osborn states that Licensed Clinical Addiction Counselors (LCACs) may not be recruited in certain treatment facilities because of private insurance reimbursement issues. Matt Brooks states that LCACs are allowed to bill Medicaid for any service which falls into their scope of practice and under appropriate supervision. Dr. Maxey asks if it is an administrative or licensing issue. Dr. Osborn states that it is both.
- Dr. Maxey asks if there are existing initiatives in the state that are endorsable concerning the reimbursement rates, that could be built upon or supported as part of an action step for this recommendation. Kevin Moore states that there are discussions being held internally. Calvin Thomas asks if there is gap analysis being done at the provider level or service type. Dennis Anderson responds that it is hard to access. The programs mainly exist in self-contained programs and large provider networks.
- Calvin Thomas states with this recommendation, should the Task Force quantify, and is there a system to quantify; is there a framework for services by provider level which can add to the conversation. Dr. Dennis Anderson states that models would need to be created.
- Dr. Maxey states that the issue of enhancing or obtaining reimbursement for care coordination, as well as identifying and addressing the barriers for attaining reimbursement within their scope is the bigger issue. Don Osborn states that this needs to be put inside the recommendation.
- Dr. Maxey states that this is an issue for public and private sector; maybe establishing a work group to look at what is happening in the public and private sector. Joe Moser suggests in place of a work group, it might be more beneficial to work towards a sustainable reimbursement for specific providers.
- Dr. Brian Hart states that the mechanism to pay for the consultative role is not there. Dr. Maxey asks if there is one of these occupations that should be focused on – payment for providers for integrative services, or one of the supportive roles that we would want to seek action on. Kevin Moore further discusses that there can be a short term break down on specifics which would have an impact now.
- Matt Brooks states that the Task Force has not discusses the reliance on those Bachelor level professionals to solve the work force problem.

Kevin Moore asks for closing comments. Hearing none, he adjourns the meeting at 4:00 pm.