MEETING MINUTES
Mental and Behavioral Health Workforce Task Force
Thursday, May 12th, 2016, 10:00am-12:00pm
IUPUI Campus Center, Room # 409

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

Dennis Anderson, Community Health Network Psychiatry Residency Program
Kathy Cook, Affiliated Service Providers of Indiana, Inc.
Stanley DeKemper, Indiana Counselors Association on Alcohol and Drug Abuse
Deena Dodd, Indiana Rural Health Association
Anne Gilbert, Mental Health and Addiction Services Development Program Board
Spencer Grover, Indiana Hospital Association
Brian Hart, Eskenazi Health
Stephen McCaffrey, Mental Health America of Indiana
Phil Morphew, Indiana Primary Health Care Association
Barbara Moser, National Alliance on Mental Illness
Ukamaka Oruche, Indiana University School of Nursing
Don Osborn, Indiana Wesleyan University
Michael Patchner, Indiana University School of Social Work
Kimble Richardson, Indiana Professional Licensing Agency
Calvin Thomas, Ivy Tech Community College
Tom Talbot, Indiana Council of Community Mental Health Centers, Inc. (acting as proxy for Matt Brooks)

Members Absent:
None

1. **Welcome, Introductions and Background**

Kevin Moore called the meeting to order at 10:05 am. He thanks all members for attending. Task force members introduced themselves. Kevin discusses the importance of the task force for mental health and addiction services in Indiana.

Hannah Maxey provides background information on the Governor's Health Workforce Council formation and the development of the Mental and Behavioral Health Workforce Task Force. Indiana submitted a proposal to participate in the National Governor's Association Health Workforce Policy Academy. Indiana was one of six states selected. Stakeholders convened and identified two priorities for the State: Policy Coordination and Data Coordination. As a result, the Governor's Health Workforce Council was formed for policy coordination and the State partnered with the Bowen Center for Health Workforce Research and Policy for data coordination. She discusses how the missions of each organization engaged (Department of Workforce Development, Family and Social Services Administration, and the Indiana State Department of Health) aligns with the priorities and goals of the Council.

Kevin Moore discusses results of the first Governor's Health Workforce Council meeting, including recommendations to form two task forces: 1) Education, Pipeline and Training and 2) Mental and Behavioral Health Workforce. Kevin reviews the task force charge, including identifying goals,

determining action steps to achieve those goals, and determining how outcomes will be measured for each goal, both short and long term. The recommendations to the Council need to be actionable, with a timeline, goals, and measureable outcomes. Kevin then reviews the task force protocol which was approved by the Council.

2. **Mental and Behavioral Health Overview**

Kevin Moore discusses an overview of the mental health task force, including two broad categories of the workforce: licensed and non-licensed occupations. He discusses that each occupation has a different role and provides different services. He mentions that billing and reimbursement may be different for each occupation.

Hannah Maxey presents data on the licensed mental health workforce. She states that the data source is a licensure survey provided after these individuals submit an application for licensure. She states that there is overall growth in the majority of these licensed mental health occupations. However, some occupations have remained stagnant over recent years (addiction and clinical addiction counselors). She also presents data on the growth rate among these professions. She states that some professions have had steady growth (such as licensed clinical social workers and mental health counselors). However, addiction counselors and clinical addiction counselors have seen a decrease in growth rate in recent years. This could be from producing fewer of these licensed occupations, some may be leaving the state, etc. She shows a map of how workforce data can be applied to assess population health and system issues. The map demonstrates how many emergency department visits occurred per substance abuse professional full time equivalency by public health region.

Kevin Moore states that about eleven percent of people who need help actually receive treatment; this could be because of inability to access services. Many factors affecting the workforce will subsequently affect access to these services. Some workforce factors include aging workforce, distribution, stigmatization of careers in behavioral health, etc. He presents the results of the Indiana Division of Mental Health and Addiction Transformation Work Group that met in 2009 and resulted in recommendations for the State. He states that four general areas rose as recommendations from this work group: 1) Recruitment and Retention, 2) Licensure, Certification, and Clinical Supervision; 3) Culturally Competent and Culturally Diverse Workforce; 4) Behavioral Health Workforce Undergraduate and Graduate Training in Core Disciplines. He states this work group generated a report that was to be used as a guide for addressing mental and behavioral health within the State. Each task force member was given this document to review prior to the task force meeting and to reference during the meeting. Kevin Moore provides a high level overview of the recommendations produced by this work group and asks task force members to engage in discussion on the status of these identified priorities.

- Steve McCaffrey states that the loan repayment program has been identified recently as a priority, following HB 1360.

- Kimble Richardson states that the licensure of Clinical Addiction Counselors was also a recent priority. He mentions the board was renamed because of that group.

- Dennis Anderson states that they are starting a Community Psychiatry Residency program, making the recommendation for 12 psychiatry residency slots fulfilled.

- Don Osborn states that there is still work to be done in supporting addictions counseling programs; he states that their program for master's students in addiction counseling started with 7 students and has grown to 94 students. He states that their program has been approved to hire new faculty members and support further growth. However, a barrier to uptake of this profession is

that there are still some facilities who don't understand the roles and responsibilities of Licensed Addiction Counselors.

- Kimble Richardson asks what licenses are eligible to receive payment from Medicaid.
    - Steve McCaffrey states that all licensed masters level can receive reimbursement. However, Licensed Clinical Addiction Counselors (LCACs) do not currently receive reimbursements but that will change soon.
        - Joe Moser confirms that LCACs will be added to the state plan and administrative code to be reimbursed in HB1329. Two of the three managed care companies were already reimbursing LCACs.

- Anne Gilbert asks whether attrition has been examined.
    - Hannah Maxey responds that examining this is important. She mentions that there is a major initiative to standardize data received via the licensure surveys. This will make the data higher quality and will allow for further examination of these types of questions. She states that the previous surveys had different wording within the questions each year, making longitudinal studies on historical data difficult. However, moving forward, this will be easier to track.

- Steve McCaffrey states that the background of HB1360 was to encourage persons to go into addictions psychiatry. He mentions if they stay in Indiana, they are qualified to receive some amount of financial support to pay their loans.

- Phil Morphew states that there are about 171 psychiatrists working in the National Health Service Corps in community health centers. He states that retention is an issue. He states some states are experimenting with loan repayment programs that are based on outcomes.
    - Kevin Moore states that there has been some work in Indiana on outcomes initiatives for high-need patients. Phil Morphew and Kevin Moore agree that it is important that the measured outcomes are clearly defined.

- Tom Talbot states that Licensed Mental Health Counselors require 900 hours of internship for licensure in Indiana but other states require much less. He states that this steep requirement may discourage these professionals from working in Indiana. He also states that the general process for licensure in Indiana is burdensome.
    - Don Osborn states that there has been some work on improving these issues.
    - Dennis Anderson states that reciprocity of licensure is an issue as well.
    - Don Osborn states that the professional organizations set the internship hour requirements based on the academic requirements. These programs are accredited nationally with a certain number of hours but some states change this requirement when it comes to licensure.
    - Kevin Moore mentions that HB 1347 also addressed clinical supervision and reimbursement.
    - Kimble Richardson states that Indiana does not have reciprocity for licenses. He states Indiana has high requirements compared to other states.
    - Brian Hart states that although Indiana has high educational requirements (making it more difficult to get a license in Indiana) that does not necessarily mean that other states have reciprocity to recognize an Indiana license.

- Kevin Moore asks the task force whether there are any specific discrepancies present in rural vs. urban. He states that there could be an access to care issue and asks the task force for recommendations for moving forward to address these issues.
    - Steve McCaffrey states that telehealth might be a solution for access.

- Barbara Moser states that their organization (National Alliance on Mental Illness) has heard anecdotally from patients that psychiatrists have long wait times.
    - Steve McCaffrey states that a report showed that there are 60 counties in Indiana that do not have a psychiatrist.
    - Hannah Maxey states that there will be a new report coming out soon that includes the updated map of the psychiatrists. She states there will be a new GIS map to accompany that.
    - Steve McCaffrey states that the specialty of addictions psychiatrist is important to parse out from general psychiatrists.

- Ukamaka Oruche states that from the nursing perspective, clinical placement and faculty shortage is an issue. They would like to have more opportunities to place students in novel settings such as integrated primary care settings. She states that finding collaborating physicians to practice with Psychiatric Advance Practice Nurses (APNs) is difficult. She asks if the new Community psychiatry residency programs are open to APNs.
    - Dennis Anderson responds that they are not.
    - Tom Talbot states that some physicians have mentioned that they feel inundated with charts to review from the APNs.
    - Ukamaka Oruche states that it is important to clearly communicate what is expected in the collaborative agreements with these APNs.
    - Phil Morphew states that there is an interest in hiring APNs in their federally qualified health centers but they experience a challenge in finding a preceptor.

- Dennis Anderson states that registered nurses and medical assistants are invaluable to the collaborative systems. He states that medical assistants can act as care coordinators.
    - Tom Talbot states that they had a nursing shortage because of the competition between hospitals and inability to pay competitive wages. He states that they have moved to hire MAs in place of RNs.

- Dennis Anderson states that with the transition to population health management, extenders are becoming increasingly important.

- Spencer Grover states that telehealth is a blooming area of growth. Some states have a centralized source of psychiatrists so that rural hospitals can have access to telepsychiatry services. He also states that the State currently incentivizes providers to go to medically underserved areas but expanding repayment to instructors of these programs may encourage more students to graduate from those areas and subsequently encourage retention.

- Stanley DeKemper states that the peer workforce should be looked at.
    - Don Osborn states that there is a concern that peer recovery coaches may be stigmatized (oppositionists ask “Aren’t these roles the same as ‘sponsors?’”). Additionally, there is not currently funding to reimburse these roles. He states that recovery coaching was put into the federal budget but would be removed later on; there was no sustainability.

- Steve McCaffrey states that there is reimbursement for the Recovery Works program in the criminal justice system.

- Anne Gilbert states although there is a transition in perspective toward a population health-based system and the pipeline is currently producing occupations which support population health, the reimbursement is still based on the traditional current payment system. Therefore these roles aren't currently reimbursed.

3. **Prioritize Issues and Discuss Plan Moving Forward**

Kevin Moore asks task force members to begin discussion on how these identified issues can be prioritized.

- Ukamaka Oruche suggests that payment/reimbursement should be examined for integrated care.
    - Anne Gilbert asks if that there is a Medicaid deferential reimbursement per visit.
    - Dennis Anderson states yes, however that the payment doesn't cover the care coordination aspect. He states that integrated care should also be considered in training competencies.

- Steve McCaffrey states that there is little competency in mental health/addiction for health care professionals that are already in the field (cross training psychiatrists in addiction, primary care physicians [PCPs] in behavioral health, etc.). He states as a short term goal, the task force might consider ensuring these professionals are capable of providing these services.

- Deena Dodd states that access to inpatient beds is limited in rural settings for patients of all ages. She states that many rural PCPs spend too many hours in behavioral care counseling. However, depression is very common in rural Indiana because there is little access to work in rural areas. She states there is still a stigma around mental health and that carries over to professionals.
    - Spencer Grover states that the change in telemedicine legislation that removes barriers requiring an initial face-to-face meeting before providing telehealth services will allow more access to behavioral health services.
    - Brian Hart states that de-stigmatization is important. Many medical school students already have a stigma in regards to mental and behavioral health and practicing in that field. He states that students may not be recruited well to work in mental health from the medical schools.
    - Anne Gilbert agrees and states that recruitment in primary care is also difficult because the payment structuring isn't appealing. She states that the mental and behavioral health providers are not financially valued as they should be.

- Anne Gilbert states that the populations that see PCPs tend to spend the least in health care costs. She states that specialist physicians are far more prevalent than PCPs.

- Michael Patchner states that the majority of the students at his program request both mental health and addiction training.

- Kevin Moore asks if there are areas of focus or data requests that the task force would like presented at the next meeting.

    - Phil Morphew requests data comparing Indiana to the Midwest, nation, and benchmark states.
    - ASPIN requests data on demographics for the population needing mental health services.
    - Michael Patchner requests data on the proportion of behavioral health professionals that trained Indiana and how how many trained in other states; he states this would help inform training program planning.

- Calvin Thomas requests information on licensed vs. non-licensed and where the greatest needs are.
    - Steve McCaffrey agrees that we need to understand the individuals in the workforce with lesser training. He states that there are things that the bachelor and associate level trained can do. He states that without this information, it is difficult to justify hiring those individuals because they cannot justify a mechanism for paying them.
- Deena Dodd states that patients in the the public health regions that are contiguous with other states (ex: region 9) may be seeking services in large contiguous cities (Cincinnati, Louisville, Chicago). There may be an opportunity to refer for those services and get access in that manner.
- Phil Morphew states that there may be opportunity within interprofessional education.
    - Dennis Anderson states that IU has a model to train PCPs in mental health.
- Anne Gilbert recommends mental health first aid training; she states that suicides could be prevented if laypersons were trained. She states there are national training programs for this.
- Tom Talbot recommends looking at salaries for persons working in behavioral health; both at the individual-level and comparing these figures to reimbursement.
- Dennis Anderson we may need individuals specifically trained in telehealth and Crisis services.

Kevin Moore summarizes these requests. He reports that the next task force meeting is on Monday, July 18th at the IUPUI Campus Center.

4. Meeting was adjourned at 12:00pm.