

MEETING MINUTES
Mental and Behavioral Health Workforce Task Force
Monday, July 18th, 2016, 10:00am-12:00pm
IUPUI Campus Center, Room # 305

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
Matt Brooks, Indiana Council of Community Mental Health Centers, Inc.
Kathy Cook, Affiliated Service Providers of Indiana, Inc.
Deena Dodd, Indiana Rural Health Association
Anne Gilbert, Mental Health and Addiction Services Development Program Board
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

Members Absent:

Calvin Thomas, Ivy Tech Community College
Stanley DeKemper, Indiana Counselors Association on Alcohol and Drug Abuse
Kimble Richardson, Indiana Professional Licensing Agency
Spencer Grover, Indiana Hospital Association

Welcome, Introductions and Background

Kevin Moore called the meeting to order at 10:05 am. A quorum was present. Mr. Moore thanks all members for attending.

Kevin Moore asks for feedback and approval from task force members on the last meeting's minutes. Matt Brooks requests the minutes be changed to document that Tom Talbot was attending the last meeting as his proxy. Task force members were in consensus to approve of the minutes, pending that minor change.

Reviewing New Mental Health Workforce Data

Kevin Moore introduced Bowen Center Director, Dr. Hannah Maxey, to present data from the most recent licensure period on Licensed Professional Counselors.

Hannah Maxey presents data on the mental health workforce following the most recent re-licensure period in 2016. The Bowen Center for Health Workforce Research and Policy works with the Professional Licensure Agency to evaluate all licensed health professions, including licensed mental health professions. Mental health professions presented on during this task force meeting included: social workers, clinical social workers, marriage & family therapists, marriage & family associates, mental health counselors, mental health associates, addiction counselors, and clinical addiction counselors. The

survey tools were included in each task force member's packet, and will be made available on the Bowen Center website shortly. Of note, psychologists are still undergoing their renewal period currently and their data was not presented today. In order to understand the data further, the Bowen Center is seeking members to serve on a mental health advisory council, to provide input and insight in the data and its presentation. Dr. Maxey mentions that a web-based app is being produced, which will help meet the needs of stakeholder's access to data. Dr. Maxey presents information on average age for each profession, race, ethnicity, and practice settings

- Matt Brooks asks if the practice settings are known for the active surveyed licensees and Dr. Maxey responds yes and that it will be covered in the presentation.
- Matt Brooks asks for clarification on the setting for Community Health Center vs Community Mental Health Center listed on survey. Dr. Maxey states that the setting options were used directly from the Health Resources Services Administration's published Minimum Data Sets. Ukamaka Oruche states that in the future, it may be helpful to add definitions for clarification of the difference between mental health facilities vs community mental health centers.
- Dr. Anne Gilbert states that the number of respondents who chose the practice setting "non-federal hospital: psychiatric" seems high for marriage and family therapists. Matt Brooks agrees. Steve McCaffrey states that it may be beneficial to display the options differently, including grouping response options under one category.
- Don Osborn states that there are many people who have multiple licenses. He states this may show a headcount that is larger than the capacity that actually exists. Additionally, it may cause survey fatigue or confusion for those individuals that have access to multiple surveys after these individuals go through multiple re-licensure processes.
- Kathy Cook states that the number of respondents working in Community Mental Health Centers (CMHCs) seems far underrepresented. She states that many of these CMHCs are located within hospitals, so these individuals may have inaccurately chosen "hospital" as their response options.
- Phil Morphew states that it is important to understand where Indiana's mental health professionals' supply is currently and where Indiana should be headed.
- Matt Brooks asks if it can be added to include whether these individuals accept Medicaid or if they only accept commercial insurance. Dr. Maxey states this can be included on future surveys if it is determined to be a need.
- Dr. Dennis Anderson asks how persons would respond if they work in multiple settings. Dr. Maxey responds that the hours worked in direct patient care can be answered for up to two practice settings per license type.
- Deena Dodd asks if telehealth is reflected in this data. Dr. Maxey responds that it is not reflected in this data, but it is a topic that could be discussed in an advisory group session.
- Steve McCaffrey asks if there is any insight as to why addiction counselors' average full time equivalency is low compared to the other mental health professionals. Matt Brooks states that these professionals might be dually licensed and therefore have fewer hours per week that they actually practice in the role of clinical addiction counselors. Steve McCaffrey states that another reason for low hour reporting could be that these individuals might be struggling to find work as clinical addiction counselor for various reasons, possibly due to billing restrictions.
- Michael Patchner asks about the inclusion criteria which require a valid Indiana practice address. He states that it seems that a large portion of the professionals might be lost with requiring this step in the inclusion criteria. He states some professionals might be reluctant to share personal information, such as their practice address. Dr. Maxey states that this issue is being looked into for other professions and they are working to find the best way to present data on these professionals.
- Joe Moser asks whether we have a connection to the ideal ratios for professionals to the population, to see whether there are sufficient professionals to serve the needs of the population. Dr. Maxey responds that yes, there are federal benchmarks that can be used for comparison. Joe

Moser responds that this group could also discuss whether these benchmarks are appropriate for Indiana.

- Michael Patchner states it is also important to understand, from an educational perspective, where these professionals are receiving their degree. Dr. Maxey responds that the survey does ask where the individual received their initial degree. Additionally, the base licensure file houses information on the school, as the applicant is required to complete this information on their licensure application.
- Dr. Anne Gilbert asks whether information on psychiatrists is published. Dr. Maxey states that the psychiatrist information will be published within the physician data report. The licensed mental health professions will be published for the first time this fall. Dr. Maxey further states that psychiatrist practice location have been verified individually, for another purpose (health professions shortage designation).
- Dr. Dennis Anderson states that an informal survey was completed when they were planning the Community residency program. He states that they found that many psychiatrists were trained outside of the state of Indiana.

Discussion on Indiana Health Workforce Summit Data

Kevin Moore discusses how the priorities for the task force were presented at a break out session at the Indiana Health Workforce Summit. He states that four major topical areas were discussed (Access, Reimbursements, Needs Assessment, and Licensing).

Within the Access category, Mr. Moore discusses that telemedicine received the highest number of votes. He mentions that the recent legislation regarding telemedicine placed restrictions on prescription of controlled substances.

- Phil Morphew states the he was surprised that a focus on the supply/pipeline wasn't more high priority. Dr. Brian Hart responds that while supply/pipeline is important, a focus on telemedicine would more quickly get access to more patients in need. Phil Morphew states that he agrees telemedicine is important, but it is also important to focus training and the pipeline to be educated on how to use telemedicine. Dr. Dennis Anderson states that he doesn't believe telemedicine solves the problem; he states they still need a workforce to be able to provide these services.
- Kevin Moore states that the task force needs to find an actionable recommendation for access. He states it could be that encouraging continuing medical education in mental health and addictions might be a potential solution to tap into another workforce to provide these services.
- Dr. Dennis Anderson states that it seems that even the push for telemedicine implies that there is currently not an adequate workforce currently to provide services, so there needs to be new strategies to provide care with the current limited workforce.
- Don Osborn asks what the HIPAA implications are with telemedicine. Dr. Dennis Anderson responds that within telemedicine under the context of the emergency room, the HIPAA paperwork at emergency room registration cover the telemedicine mental health care. Don Osborn states that there is a liability insurance that private practice providers have to buy if they are doing telemedicine, making HIPAA compliance a barrier to telemedicine adoption. Dr. Anne Gilbert states there is also a question of licensure with telemedicine; do these individuals providing care have to be licensed at every facility where they are providing care?

Kevin Moore discusses the second major identified topic of "reimbursement." The sub-topic that received the most votes was to align reimbursements with services provided by professionals. Mr. Moore states there may be some short term actions within reimbursements as well as long term goals.

The third major topic was “needs assessment.” Of these, many people voted that it is important to understand both the perspectives of the future mental health professions pipeline, as well as the consumers of mental health services.

The fourth major topic was “licensing.” Reciprocity and scope of practice received the most votes. Hannah Maxey states that similar issues were brought to the table at the Education, Pipeline, and Training task force meeting last week. She states that members of that task force discussed that many professionals are leaving Indiana to work across state borders to practice in contiguous states that afford greater scopes of practice. In Indiana, there is currently no centralized mechanism to review practice acts and health workforce innovation models. Other states have created workforce innovation boards which can test new workforce models and Education, Pipeline, and Training Task Force has voted unanimously on receiving information on this.

- Don Osborn states that Indiana is unique in parsing out the licensed professional counselors, instead of keeping them in one silo.
- Hannah Maxey states that the attrition in individuals that complete higher education in Indiana may need to be investigated.
- Deena Dodd asks whether we should reach out to the states to see if reciprocity might be an avenue to be pursued.
- Ukamaka Oruche mentions that nursing is a profession in particular where it is important to work at the top of their license. She states it would be important to nursing that scope of practice be investigated.
- Matt Brooks states that there is a link between education, licensing, and billing. Dr. Anderson states that it is important to understand whether licensure drives education or education requirements drive licensure.
- Don Osborn states that many states look to professional associations as the accrediting body, to align education with licensure. Dr. Anderson asks whether there are national standards, or if it varies state to state. Don Osborn states there is a disconnect between the national bodies and state licensure. Dr. Anderson asks about the licensure of the contiguous states. Don Osborn responds that many of the contiguous states are behind. He states for those individuals from a contiguous state seeking licensure in Indiana, they have to take an extra internship or another course to fulfill Indiana licensure requirements.

Task Force Discussion Groups

Kevin Moore gives task force members 15 minutes in which to come up with actionable steps to address workforce issues to present to the larger Council for recommendation. Task force members broke up into 4 groups {Access, Reimbursements, Needs Assessment, and Licensing} in order to come up with said recommendations.

Kevin Moore requests that the recommended action items are sent to him or Dr. Maxey and will be sent out to the Task Force to be discussed at the next meeting. He reports that the next task force meeting is on Monday, August 15th at the IUPUI Campus Center, Room 305.

Meeting was adjourned at 12:00pm.