Indiana Behavioral Health Commission

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Indiana Behavioral Health Commission

Behavioral Health Workforce Subgroup

August 17, 2021– 9:00 am – 10:30 am EDT

Watch Meeting Recording: https://www.youtube.com/watch?v=YJLMEOJDD10

Members Present	Carrie Caldwell	Jay Chaudhary	Steve McCaffrey	Sharon Bowman
	Katy Adams	Rick Crawley	Rachel Johnson-Yates	Zoe Frantz

Minutes

Previous Meeting Minutes Review

- Minutes approval and edits

Recommendation Discussion

- Survey conducted outlined different areas that contributors found most critical to behavioral health (BH) workforce development. Set of themes and recommendations were developed as a result. // *C. Cadwell*
- Discuss and finalize draft recommendations
    - **Medicaid rates:** Behavioral health Medicaid rate study that includes examination of care infrastructure and payment models/methodologies
        - Rates are not only factor, have to also consider the infrastructure and models around those rates. Examine the structure for treatment efficacy model and outcome achievement. Many codes are also shared between psychiatry and primary care – consideration has to be taken to potential effects of altering shared codes. Does every rate require review or only specific rates to make difference in BH? Altogether points toward need of Medicaid rate study. // *C. Cadwell*
            - Rate study is a good long-term strategy; short-term strategy may be necessary to address immediate workforce needs, i.e. peer, residential per diem, and Medicaid Rehabilitation Option (MRO) Other Behavioral Health Professional (OBHP) rates. // *K. Adams*
                - Medicaid forecasts happen on bi-annual cycle; 2023 session next opportunity to act due to fiscal impact. // *J. Chaudhary*
                - Investigate creative ways to handle short term needs. // *K. Adams*
                - MRO does not have to wait for ’23 as it is revenue neutral. From Center for Medicare and Medicaid Services (CMS), match can be built into cost report as part of rate. // *R. Crawley*
            - Certified Community Behavioral Health Clinic (CCBHC) concept included? Offers a higher level of reimbursement to address workforce needs. // *S. McCaffrey*
                - Recommendations can be two-tier: 1) global system-wide impacts and 2) specialty investigations and subgroups i.e. role of CCBHC model in bolster critical access MH system. // *C. Cadwell*

- Because of potential legislative/congressional action, advocating CCBHC model may be raise opportunity for state movement // *S. McCaffrey*
- Advocating for move from demonstration state to full-fledged funding state for CCBHC should be added to agenda // *R. Crawley*
  - Can be added to list of recommendations for full IBHC report out as separate item // *C. Cadwell*

- In final report, anything involving funding may be made into a final recommendation. Use of Commission on Improving the Status of Children (CISC) template to make interim recommendations could be discussed as full IBHC. // *J. Chaudhary*
- Can we make recommendations for usage of COVID funding to meet short-term needs in anticipation of '23 session? // *Z. Frantz*
  - Can discuss as whole IBHC. // *J. Chaudhary*

- Potential recommendation that additional funds be targeted as pathways to support organizations in meeting short-term BH workforce needs. // *C. Cadwell*
- Mechanically, what would subsidy look like? // *J. Chaudhary*
- As example, using the $100m earmarked for MH to encourage people to obtain Social Work Master's would infuse supports into the system quickly. // *Z. Frantz*
- Likes the focus on getting people into workforce. Focus on bolstering wages for residential setting direct care staff to $15/hr by giving funds to providers per full-time employee (FTE). // *K. Adams*
- Operationalized examples: use monies to create training for an OBHP certification and include higher reimbursement add-on; endorse add-ons for peers and specialty expertise. Add-ons in the short-term as runway to reimbursement increase. // *S. McCaffrey*
- Using monies to support education reduces otherwise motivated individuals' anxiety re: funding in a way loan forgiveness cannot // *R. Crawley*

- Potential IBHC recommendations summary: Medicaid rate study, endorsement for short-term and long-term CCBHC investigation and legislative advocacy, establish potential use of COVID stimulus funds for building out workforce pipeline, OBHP certification and increased rates, peer add-ons and rates. // *C. Cadwell*
- Explore an overall Request for Proposal (RFP) under which the various needs of different sectors are addressed?
- Monies are in state budget limbo, but a substantial portion is planned to be more public-facing as a call for proposals from certain groups. Opiod settlement may be a possible funding source on the horizon. // *J. Chaudhary*
- How to convey urgency of short-term recommendations? // *C. Cadwell*
- Powerful to say BH workers are not making $15/hr. // *K. Adams*
- Advocate for emphasizing infusing additional workforce. // *Z. Frantz*

- **Telehealth expansion**: Expand telehealth back to include all eligible Medicaid providers, not just licensed providers (as it was during the state PHE)
  - Has requested it be put on agenda for upcoming Public Policy meeting // *R. Crawley*

- Senate Bill 3 (SB3) controls telehealth reimbursement regardless of payer. Are we only focusing on Medicaid providers? // *S. McCaffrey*
  - "Medicaid" specification may be unnecessary as SB3 is under the Indiana Professional Licensing Agency (IPLA), but boundary-setting may need to happen elsewhere. // *J. Chaudhary*
  - Advocate for more comprehensive approach by striking Medicaid specification. // *S. McCaffrey*
- How do we differentiate between Medicaid and other payors? Expand goal to all applicable providers and payors understanding it may be two-step process? // *C. Cadwell*
  - Responsibility of logistical aspect may be elsewhere. // *K. Adams*
  - Add a sub-bullet of "At a minimum this shall include all providers recognized by the State for the purposes of certification or reimbursement." // *S. McCaffrey*

- **Licensing**: Focus on legislative advocacy to:
  (a) modernize and achieve full digitization of process,
  (b) extend the military spouse licensing rule to all licenses governed by the Behavioral Health board and the Psychology board
  - Address IPLA administrative burden, backlog, reciprocity, and desire for compacts. State has an established process for military spouses to apply and receive licensure when moving to the state akin to universal licensing – advocate for expansion to BH licenses; compacts need to be considered on individual level. Need to address "equivalent training or education" condition; scope of practice may be better standard. // *C. Cadwell*
  - Modernization and digitization is important to address workforce needs; support within Psychology board to address licensing process. Military spouse rule may be underutilized. // *S. Bowman*
    - Barrier to digitization? // *R. Crawley*
      - PLA IT issue. // *S. Bowman*
    - Is there a reason a law is needed for compacts and do any states delegate that to their PLA? // *S. McCaffrey*
      - It is perceived as allowing some outside entity to control licensing inside the State of Indiana. Psychology compact was brought to Legislature this year and did not pass. // *S. Bowman*
      - Is it an option to pass legislation to delegate the authority to make compact decisions to IPLA. // *S. McCaffrey*
      - There are 13-15 states part of the Psychology compact; allows providers in the compact to either practice telehealth in all other states or request permission to physically practice within other compact states for up to 30 days/year. Close to universal licensing, which may sow discomfort. Not aware of any similar compacts for other MH profession besides nursing. // *S. Bowman*

- **Loan Forgiveness Funding:** Use ARP or other funds coming to the state to begin to fund the BH Loan Forgiveness program and include within those eligible certain "certified" providers.
  - Use COVID stimulus funding to use for State to begin to fund loan forgiveness. Look for other long term funding sources such as licensing fees. // *C. Cadwell*
    - Worth adding scholarship opportunities to address both front- and backend needs? // *K. Adams*
    - What happened with past loan forgiveness funding? // *S. McCaffrey*

        - Before time with the State – was not a part of the decision process. Speculates administration issues. Consider partnership with non-State entities to support fund management in future. // *J. Chaudhary*
        - Loan forgiveness funded by one-time performance reward funding. Funding never came from state legislation. // *R. Crawley*
            - Apply long-term legislative lens to this recommendation // *J. Chaudhary*
        - Add language regarding ease of fund accessibility including potential technical assistance opportunities. Add a commitment to serve community condition to accessing funds. Potentially provide additional funding in rural areas with more need. // *Z. Frantz*
    - Use COVID stimulus funds (short-term) and pursue legislative funding (long-term) to expand on loan repayment to also include tuition assistance and scholarship opportunities, with a commitment to serve condition. Include potential regional prioritization. Emphasize ease of access. // *C. Cadwell*
        - Ensure it is not taxable income to recipient // *R. Crawley*

- **Raise Awareness for Workforce Options:** Use ARP and other funds coming to the state to develop:
  (a) middle school and above awareness of Human Services professional (like STEM efforts)
  (b) campaign on workforce needs across state (like Know the O campaign)
    - Need to have and use funds to build media campaign and middle school advocacy for human service professions // CC
        - Take the effort on multi-state level // *Z. Frantz*
        - Tennessee has model of all-state conference targeting high school students to pique interest in human services field // *R. Crawley*
            - Need to further research what other states have done successfully to reach out to middle- and high school kids. // *K. Adams*
            - Where does responsibility of research conduction fall? // *C. Cadwell*
                - Non-State (i.e. Indianapolis Colts') campaigns can influence in a way that a State campaign may not be able to due to skepticism surround government-led awareness campaigns. State role may be to celebrate and champion the importance of BH workforce; stigma and awareness campaigns may be better managed through public/private partnerships. // *J. Chaudhary*
                    - Chamber of Commerce partnership has been fruitful; may be good since they focus on workforce development. // *Z. Frantz*
                    - FSSA may be good to convene a workgroup, but leery of State awareness campaign // *J. Chaudhary*
    - Take advantage of Chamber of Commerce workforce development focus or FSSA can convene a workgroup. Role for associations in public/private partnership – potentially through RFP process? // *C. Cadwell*
        - Need to have relevant player involved. Many options for organizational approach – could see an advisory council. // *S. McCaffrey*

- **Certifications/Allied Health:** Explore expansion options to leveraging further certifications for workforce including considerations for revisions of scope for Allied health

- Major opportunity to expand workforce is within Allied health that ensures quality without the trappings of licensure and also has to be tied to reimbursement. It's a way to increase workforce, salaries, and improve individual worker conditions substantially and quickly // *S. McCaffrey*
  - Need for additional statement that certifications have State recognition and reimbursement // *K. Adams*

- Other considerations or missed points from survey results? // *C. Cadwell*
  - Look at securing relocation funding to incentivize moving to Indiana // *Z. Frantz*
  - Criminal history impact on becoming approved providers for Hoosiers in recovery; large hiring barrier. List of non-waivable offenses disqualifies otherwise good candidates. // *K. Adams*
    - Not able to find good guidance for navigating this barrier – may be worthwhile to establish universal best practice guidance for employers considering employees with criminal history // *S. McCaffrey*
      - Looking at process from trauma-informed perspective important in considering charges. // *K. Adams*
      - Answer may not be legislative. Need to collectively figure out from an advocacy standpoint what can be done. May be options such as expungements that can be explored. // *J. Chaudhary*
  - Highlight workforce equity issues // *S. McCaffrey*
    - Can incorporate as either an independent statement or look at equity through the context of each recommendation. Will draft as both and group can decide best approach. // *C. Cadwell*

Next Steps

- Prepare report out to Commission at large at 9/29/2021 meeting

Future Subgroup Meetings

- To be determined