GOVERNOR'S HEALTH WORKFORCE COUNCIL MEETING

May 23rd, 2018

Agenda

- Welcome
- Approval of Minutes
- Workgroup Updates
- Governor's Workforce Cabinet
- Health Workforce Legislation from 2018 Session
- Indiana Commission to Combat Drug Abuse and Pew Charitable Trusts
- Update on Occupational Licensing Policy Learning Consortium
- Other Business

Approval of Minutes from November 17th, 2017 Meeting* and February 22nd, 2018 Meeting*

Report Update from Workgroups

Joint Recommendation: Health Workforce Modernization And Innovation Project

STATE LOAN REPAYMENT PROGRAM WORKGROUP

Michael Barnes

STATE LOAN REPAYMENT PROGRAM (SLRP) WORKGROUP: CHARGE

To generate recommendations for a program to support recruitment and retention of health workforce into underserved areas.

SLRP Workgroup Chair: Allison Taylor, Indiana Medicaid Director, Indiana Family and Social Services Administration

SLRP MEMBERSHIP

Allison Taylor, Chair, Director, Indiana Office of Medicaid Policy & Planning, Indiana Family and Social Services Administration

Ann Alley, Director of Chronic Disease of Primary Care & Rural Health Division, Indiana State Department of Health

Leila Alter, Chair of the Indiana Oral Health Coalition (IOHC), Indiana Dental Association

Mike Brady, *Director of Advocacy,* Indiana State Medical Association

Matt Brooks, President & CEO, Indiana Council of Community Mental Health Centers, Inc.

Vacant, Director of Provider Services Section, Office of Medicaid Policy & Planning

Jessica Ellis, Director of Provider Retention, Indiana Primary Health Care Association **Joseph Habig,** *Assistant Director*, Indiana State Budget Agency

Senator Randall Head, Indiana Senate

Jason Kolkmeier, *Physician Assistant*, Indiana Academy of Physician Assistants (IAPA)

Blayne Miley, *Director of Policy & Advocacy*, Indiana State Nurses Association

Kevin Moore, Director, Division of Mental Health & Addiction

Colby Shank, Assistant Commissioner for Financial Aid & Student Support Services, Indiana Commission for Higher Education

Brian Tabor, President, Indiana Hospital Association

Angela Thompson, *Advanced Practice Nurse,* Coalition of Advanced Practice Nurses of Indiana (CAPNI)

SLRP WORKGROUP: ACTIVITIES THUS FAR

SLRP Workgroup Recommendations:

- Professions eligible for a SLRP Program in Indiana should include:
 - Physicians, Dentists, Behavioral and Mental Health Providers (Health Service Psychologist, Licensed Clinical Social Worker, Psychiatric Nurse Specialist, Licensed Professional Counselor, Marriage and Family Therapist), Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Pharmacist

Next Steps: Funding strategies

 The Workgroup has expressed interest in reviewing additional information on states that adopt a mixed funding strategy (comprised of employer match funding and revenue generated from licensing fees)

SLRP FUNDING OPPORTUNITY

- Indiana submitted a proposal to the Health Resources and Services Administration to participate in the federal match state loan repayment program in early May 2018.
- Application Contents (if awarded):
 - *Eligible professions:* targeting mental health and addiction-related disciplines
 - (will expand to primary care physicians if additional funding is available)
 - Anticipated number of awards available for professionals: 30
 - Total Repayment Pool Funds to be available: \$600,000
 - Program Administration: Program housed at the Indiana State Department of Health's Division of Chronic Disease, Primary Care, and Rural Health
 - The SLRP Workgroup is slated to serve as advisory body for program administration.

Anticipated notice of award: September 1st, 2018

SLRP WORKGROUP: NEXT STEPS

- Upcoming meeting dates/times TBD
- Future topics to be discussed:
 - Sustainable funding strategy
 - Identifying opportunities for the Workgroup to provide support to program administration (if awarded)

COMMUNITY HEALTH WORKER WORKGROUP

Judy Hasselkus

Laura Heinrich

COMMUNITY HEALTH WORKER (CHW) WORKGROUP: CHARGE

To identify and recommend a formal definition for community health workers for recommendation to the Council.

CHW Workgroup Co-Chairs: Judy Hasselkus, Indiana Department of Workforce Development, and Laura Heinrich, Indiana State Department of Health

CHW WORKGROUP MEMBERSHIP

Judy Hasselkus, Chair Program Director, Employer Engagement & Sector Specialist For Health Care, Ag., & Life Sciences Department Of Workforce Development

Laura Heinrich, Co-chair Director Of Cardiovascular Health And Diabetes Indiana State Department Of Health

Rebecca Adkins Systems Director-population Health Ascension

Kathy Cook Executive Director Affiliated Services Provider Of Indiana

Terry Cook Deputy Director Division Of Mental Health And Addiction

Margarita Hart Executive Director Indiana Community Health Workers Association (INCHWA)

Jennifer Long Marion County Public Health Department **Don Kelso** Executive Director Indiana Rural Health Association

Derris Harrison Long Term Care Reimbursement Manager Office Of Medicaid Policy And Planning

Lisa Smith Executive Director Mental Health America Of Northeast Indiana

Mary Anne Sloan Vice President Health Care Ivy Tech

Lisa Staten Department Chair Of Social And Behavioral Sciences Richard M. Fairbanks School Of Public Health

Andrew Vanzee Chair Of Council On Workforce Development Indiana Hospital Association

Carol Weiss-kennedy Director Of Community Health IU Health Bloomington

CHW WORKGROUP: ACTIVITIES THUS FAR

- Working definition of CHW American Public Health Association: "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served"
- Reviewed DWD data
- Examined past and current CHW initiatives in Indiana (FSSA, ISDH, INCHWA) and existing CHW training programs (ASPIN, MHANI, HealthVisions Midwest)
- Voted (December 2017) Indiana should move toward one staterecognized certification process

CHW WORKGROUP: ACTIVITIES THUS FAR

- Adopted a guiding vision future of the CHW occupation in Indiana
- Reviewed best practices in education and credentialing (IvyTech)
- Discussed CHW competencies and skills (C3 Project as national model)
- Adopted 11 Competencies and associated skills (amended to reflect Indiana stakeholder insights)
- Reviewed CHW regulation in other states, occupational regulation framework
- Began discussion of regulatory framework with input from CHW reactor panel

CHW WORKGROUP: NEXT STEPS & DELIVERABLES

Upcoming meeting: Tuesday, June 5, 2018 – 10 am – 11:30 am @ ISDH

Future topics to be discussed:

- Appropriate occupational regulation level
- Training implementation (standardized curriculum vs. competency-based)

Deliverable: Recommendations to Council by November 30, 2018

GOVERNOR'S WORKFORCE CABINET

GOVERNOR'S WORKFORCE CABINET APPOINTEES

- Danny Lopez, Chairman
- Elaine Bedel, Indiana Economic Development Corporation President
- Jená Bellezza (Crown Point), vice president of strategic partnerships and branding for the Indiana Parenting Institute
- Amy Brown (Elkhart), vice president of Flexible Concepts, Inc.
- Jason Ells (Indianapolis), senior vice president of Custom Concrete
- Sue Ellspermann, Ivy Tech Community College President
- Christine Ernst (Indianapolis), president of Trans-Plants, Inc.
- Chuck Johnson, Vincennes University President
- Mark Kara (Hobart), assistant to the coordinator for Local 150 Operating Engineers
- Teresa Lubbers, Indiana Higher Education Commissioner
- Jennifer McCormick, Indiana Superintendent of Public Instruction

- Blair Milo, Secretary of Career Connections and Talent
- Fred Payne, Indiana Department of Workforce Development Commissioner
- Paul Perkins (Jeffersonville), president of Amatrol, Inc.
- Brad Rhorer (Lafayette), senior manager of Subaru of Indiana
- **Rebecca Schroeder (Albion)**, president of Whiteshire Hamroc
- Bob Stutz (Indianapolis), CEO of Salesforce Marketing Cloud
- Alan Taylor (New Albany), director of career and technical education for Prosser Career Education Center
- Tony Vespa (Indianapolis), founder of Vespa Group
- Bruce Watson (Fort Wayne), director of facilities for Fort Wayne Metals
- Maurice Coates Jr. (Evansville), president of CK United

HEALTH WORKFORCE LEGISLATION FROM 2018 SESSION

Hannah Maxey

Bowen Center for Health Workforce Research and Policy

2018 LEGISLATIVE SESSION REPORT OUT

Legislation with Implications for the Health Workforce

- Senate:
 - Introduced: 25
 - Signed into Law: 9
- House:
 - Introduced: 12
 - Signed into Law: 4

Legislation with Implications for the Special Populations of Focus in the Occupational Licensing Policy Learning Consortia

- Senate:
 - Introduced: 4
 - Signed into Law: o
- House:
 - Introduced: 5
 - Signed into Law: 1

2018 SENATE ENROLLED ACT 223

- **Purpose:** Enhances availability and accessibility of workforce data available for policy, planning, and evaluation.
- Content: Licensing boards for select health professions require collection of key information during biennial license renewal (on or after January 1, 2019)

Boards affected:

- Medical licensing board
- Indiana state board of nursing
- State board of dentistry
- Behavioral health and human services licensing board
- State psychology board
- Indiana board of pharmacy

2018 SENATE ENROLLED ACT 225

- **Purpose:** Ensures all prescribing providers receive up-to-date information on appropriate prescribing practices
- Content: Requires all individuals maintaining a Controlled Substance Registration in Indiana to complete 2 hours of continuing education addressing the topic of opioid prescribing and opioid abuse

INDIANA COMMISSION TO COMBAT DRUG ABUSE AND PEW CHARITABLE TRUSTS

Dr. Alexandra Duncan

Pew Charitable Trusts



Indiana's Addiction Workforce

Alex Duncan | May 22, 2018

pewtrusts.org



pewtrusts.org



- 1) Reduce the inappropriate use of prescription opioids while ensuring that patients with medical needs have access to pain control, and
- 2) Expand access to effective treatment for substance use disorders, including medication-assisted treatment.



Pew's Technical Assistance



pewtrusts.org

An effective treatment system provides <u>timely access</u> to <u>comprehensive</u>, <u>evidence-based</u> and <u>sustainable care</u>.



Pew's October 2017 Recommendations

Treatment Availability

• Recommendation 1: Increase the number of OTPs in the state using a standards driven process

Counselor Workforce

 Recommendation 2: Examine substance use disorder treatment counselor licensure standards in Indiana and licensure best practices in other states

OUD Prevention

• Recommendation 3: Prescriber check of the PDMP prior to initial opioid or benzodiazepine prescriptions



Addiction Counselor Workforce



pewtrusts.org

IN's Licensing and Credentialing Requirements



Licensing and Credentialing Requirements: Tier 2 – Bachelors Level

	Indiana		Kentucky	Ohio	
Credentials	Licensed Addiction Counselor Associate	Licensed Addiction Counselor	Certified Alcohol and Drug Counselor	Licensed Chemical Dependency Counselor III	
Minimum Education	Bachelor's Degree in addiction-related field	Bachelor's Degree in addiction-related field	Bachelor's Degree	Bachelor's Degree	
Educational Requirement	40 credit hours	40 credit hours	270 hours	40 graduate semester credit hours, 180 clock hours in dependency education in last 5 years	
Work Experience and Supervision	Practicum, internship, or field experience (350 hours)	Practicum, internship, or field experience (350 hours); Two years of addiction counseling experience under a qualified supervisor (150 hours, 100 hours of face-to-face individual supervision)	bachelor's, 3000 w/	2000 hours paid work in field, 220 hours supervision	
Exam	N/A	IC&RC ADC exam or NAADAC (National Association for Alcoholism and Drug Abuse Counselors) NCAC II (National Certified Addiction Counselor) Level II Exam	IC&RC	IC&RC	
License Portability	IC&RC: Reciprocable (\$150 fee) and endorsable NAADAC: \$50 interstate verification fee	IC&RC: Reciprocable (\$150 fee) and endorsable NAADAC: \$50 interstate verification fee	Reciprocity (\$150 fee from IC&RC) and endorsement	Reciprocity and endorsement	



National Comparison

	Addiction Counselor Credential s	Reciprocity and Endorsement	Practice hours and years of experience	Scope of practice authorizatio n	HIV/AIDS Training
Indiana	9	Both	Bachelors level: contact hours of education & 2 years of experience	Does not allow LACs to engage in diagnosis	Require education prior to license
National Average	4.2	Most do not offer both	Bachelors level: 12 states require contact hours & most require minimum number of practice hours instead of years; 9 states require credit hours	Most do not allow bachelor's level to engage in diagnostic services	12 states specifically require training



Areas of Consideration

- Consolidate and create pathway system for prospective counselors
- Incorporating cultural and linguistic competency in education requirements
- Practice hours vs. years of experience
- Scope of practice for higher levels of credentialed addiction counselors

Future Research:

- What settings are different levels of counselors allowed/limited to practice in?
- What counselor tiers can be reimbursed by Medicaid and at what rates?







ALEX DUNCAN aduncan@pewtrusts.org 202-540-6301 www.pewtrusts.org/substancemisuse



pewtrusts.org



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Indiana Governor's Health Workforce Council

May 23, 2018

Project supported through funding from the U.S. Department of Labor

Speakers

- Michael Barnes, Associate Chief Operating Officer for Employer Engagement, Indiana Department of Workforce Development
- Geoff King, Senior Policy Analyst, Economic Opportunity Division, National Governors Association Center for Best Practices
- Iris Hentze, Research Analyst II, National Conference of State Legislatures
- Courtney Daniel, Communications Manager, The Council of State Governments
- Courtney Randolph, Health Policy Analyst, Bowen Center for Health Workforce Research and Policy
- Lauren Block, Program Director, Health Division, National Governors Association Center for Best Practices

INDIANA'S VISION FOR PARTICIPATION IN CONSORTIA

- Identify or establish a <u>formal process for periodic</u>, <u>systematic review of occupational and professional</u> <u>licensing statute</u> to ensure optimum balance between quality/safety assurance and competitive labor market environment in the health sector.
 - Short-term: Focus on Targeted Occupations
 - Long-term: Create process that can be applied broadly to all health occupations

ACTIVITIES TO ACHIEVE THE VISION

Short-term:

- 1. Examine the appropriateness of current licensing policies for the identified health occupations
- 2. Explore best practices in regulatory policies to ensure portability
- 3. Generate policy recommendations for the State of Indiana to reduce unnecessary barriers to entry and enhance workforce mobility

Long-term:

1. Establish or identify infrastructure to support ongoing review and analysis of licensing policy for all occupations in Indiana.



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Consortium Overview

- Occupational Licensing Project Background
- Consortium States' Work
- Resources
- Consortium Next Steps



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

A joint project to assist states in:

- Identifying licensing criteria to ensure that existing and new licensing requirements are not overly broad, burdensome or restrictive; and that they do not create unnecessary barriers to labor market entry;
- Improving the portability and reciprocity provisions for selected occupations across state lines.

National Governors Association

Bipartisan organization of the nation's governors, founded in 1908

• Serves as collective voice of nation's governors

NGA Center for Best Practices:

- Develops innovative solutions to today's most pressing public policy challenges
- Only research and development firm that directly serves the nation's governors





National Conference of State Legislatures

Bipartisan organization serving legislators and staff in all 50 states and territories

- Improve the quality and effectiveness of state legislatures
- Promote policy innovation and communication among state legislatures
- Provide state legislatures a strong, cohesive voice at the federal level





- Founded in 1933
- CSG is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy.
- CSG aims to:
 - Pursue priorities of member states
 - \cdot Be nonpartisan and inclusive
 - · Be a respected and trusted source for best practices and policy expertise
 - · Convene leader to leader interactions and foster leadership development
 - · Facilitate multistate solutions

Occupational Licensing Project Background • Growth in Licensing: Over the last 60 years, the number of jobs requiring an

- **Growth in Licensing:** Over the last 60 years, the number of jobs requiring an occupational license, or government approval to practice a profession, has grown from about one in 20 to more than one in four.
- Balancing Consumer Protection with Unnecessary Barriers to Entry
- Primary Role of States in Licensing: Most occupations are licensed at the state level and licensed practitioners typically must acquire a new license when they move across state lines.

EMPLOYED WORKERS 25.5% HAVE A CERTIFICATION OR LICENSE

UNEMPLOYMENT RATES 2.7% FOR LICENSED JOBSEEKERS

6.1% FOR UNLICENSED JOBSEEKERS

Populations with Challenges

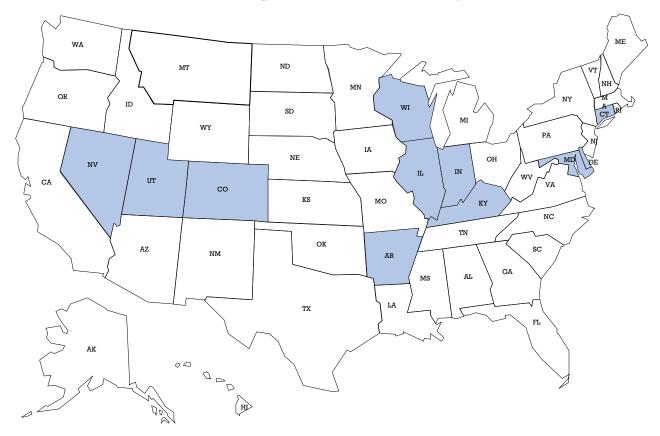
- Military veterans, spouses, and their families;
- Immigrants with work authorization or foreign trained individuals;
- People with a criminal history;
- Dislocated or long-term unemployed workers.

Learning Consortium Overview

The Occupational Licensing Policy Learning Consortium includes 11 states by providing a forum for executive and legislative branch team members and their expanded stakeholder groups to:

- learn about occupational licensing best practices;
- become familiar with and discuss the existing licensing policies in their state;
- identify current policies that create unnecessary barriers to labor market entry;
- and create an action plan that focuses on removing barriers to labor market entry and improves portability and reciprocity for select occupations.

Occupational Licensing State Policy Consortium



Key Activities Across States

- Focus in on occupations of interest
- Legislation focused on reciprocity and reducing barriers for veterans and criminal records
- Broader focus on expanding labor pools
- Differences in centralized vs. decentralized structures, focus on improved governance
- Sunrise and Sunset provisions

Additional Resources From the Partners

Blogs, Webinars and Publications

The National Occupational Licensing Database

StateNet Bill Database

www.ncsl.org/stateslicense

Consortium Next Steps

- Population Report Publications
- Site Visit #2 and Ongoing Support
- Multi-State Learning Consortium Meeting #2
 November 28-30 in Clearwater, FL

Report out on Targeted Occupations' Research

- CNA
- Licensed Practical Nurse
- EMT/Paramedic: (Dr. Michael Kaufmann)
- Dental Hygienist

Input Received from Health Workforce Summit

- Need to balance immediate hiring needs for entrylevel positions with effective training – pre and onthe-job.
 - Employer training vs. external and quality standards
- Specialty certifications within licensed occupations
- Individuals with criminal records: potential opportunities for flexibility in some health occupations?

Input Received from Health Workforce Summit

- Need to balance immediate hiring needs for entrylevel positions with effective training – pre and onthe-job.
 - Employer training vs. external and quality standards
 Role of CCs in developing training and challenges
- Scope of practice considerations and role of trainees in providing care
- Balancing supply, retention, and quality of care given reality of reimbursement rates

Input Received from Health Workforce Summit

- Specialty certifications within licensed occupations and process for establishing
- Increasing diversity of workforce and having providers with connections to communities served
- Individuals with criminal records: potential opportunities for flexibility in some health occupations?

Vision (from Action Plan)

Indiana's vision is to establish a formal process for periodic, systematic review of occupational and professional licensing statute to ensure optimum balance between quality/safety assurance and competitive labor market environment in the health sector.

Indiana plans to use participation in the Consortia to 1) examine the appropriateness of current licensing policies for the identified health occupations, 2) explore best practices in regulatory policies to ensure portability, and 3) generate policy recommendations for the State of Indiana to reduce unnecessary barriers to entry and enhance workforce mobility. In order to achieve this and ensure sustainability of momentum generated through participation in the Consortia, Indiana's action plan will outline a mechanism for ongoing review of occupational licensing policy.

Group Discussion and Next Steps

- Based on input from the Health Workforce Summit participants, what should the licensing consortium team factor into their work and focus on moving forward?
- Is the team working towards the right vision, or would you recommend any high-level adjustments?
- Are there additional recommendations for the team on their process for evaluating occupations and developing policy recommendations related to licensing?



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Contact: Geoff King - gking@nga.org - 202-624-5321

OTHER BUSINESS

HEALTH WORKFORCE DATA COORDINATION

- Update on online Bowen Portal:
 - www.BowenPortal.org
 - Report Generation Feature
- Upcoming reports (Summer 2018):
 - Telemedicine
 - Addiction Workforce

	a General Der force Shortage De			
	ELKHART COUNTY	MARION COUNTY	HAMILTON COUNTY	IND/ANA
Workforce Supply Characteristics				
Full Time Equivalent (FTE)	50.1	435.1	182.3	2.216.5
Low-income FTEs	385.2	8,911.8	2,227.1	34,077.9
Low-Income Population per FTE Ratio	19,704	4,367	1,862	6.507
Population per FTE Ratio	4,009	2,129	1,628	2,964
General Population Characteristics				
Total Population	200,685	926,335	296,635	6,568,645
Population 100% Below Poverty	15	20	4	14
Population 200% Below Poverty	37	42	13	33
infant Mortality (Rate per],000 births)	7.1	8.6	4.1	N/A
Population Percent White	86.2	63.1	87.6	84.2
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NATIONAL ACADEMY FOR STATE HEALTH POLICY

- Indiana as a case study: cross-agency approach to address the need for coordinated health workforce planning and policy
- Anticipated Site Visit: Summer 2018

NEXT COUNCIL MEETING

Tuesday, August 28th 2018 1:00pm-3:00pm Indiana Government Center South Conference Rooms 4 & 5

Contact Information

Any questions and/or comments can be directed to Bowen Center staff at

<u>bowenctr@iu.edu</u>