



AMOS MENTAL HEALTH AND DISABILITY WORKFORCE WORKGROUP REPORT

December 2014

WHY A WORKFORCE REPORT?

- Legislators voiced they did not know what to do
- Legislators asked for a plan
- Workforce is essential for access to services
- Redesign won't be successful without adequate workforce and access
- Individuals, families, and communities are desperate for help



AMOS STEPPED UP

- Workforce needs brought up at AMOS Community Conversation
- Attendees were asked to volunteer for the workforce workgroup
- People stepped up to organize and move forward
- June 2014

THE PROCESS - INTRODUCTION

Accomplished

- Professional organizations
- Estimates of cost
- Common Issues
- Research
- Interviews
- Recommendations

Next Steps

- Who's our champion?
- Work with legislators, caucus staffs and LSA
- Work with Legislative Committees
- Enact recommendations

COMMON ISSUES - WORKFORCE RECOMMENDATIONS

- Training (funds and locations)
- Leadership Entity responsible for long term effort
- Steps for providers for financial viability
- Steps for insurance companies to be more accountable
- Recruitment, incentive and loan forgiveness programs specifically for MHDS workforce

TAB 1

THE BIGGER PICTURE

Chart of Legislative
Priorities

from multiple
organizations

- Core and Core Plus Services
- **Workforce Capacity building**
- Long term funding fix
- HCBS Legislative Workgroup
- Children's MH and Disability Legislative Workgroup
- Income tax credit for housing retrofit for disability
- Rental assistance fund for affordable housing
- Injury prevention

Also IME, Iowa Insurance Commission

TAB 2

MAP OF NATIONAL RANKINGS

**IOWA'S MENTAL HEALTH
WORKFORCE AVAILABILITY**

44th



TAB 3

2 LEGISLATIVE PRIORITIES

Primary Care Doctors

TERMH or similar training for Primary Care Doctors, ARNP, PA's, and Pediatricians

Mental Health Training

Classes

Practicum

24/7 hotline for consultation

Psychiatrists

#1 Psychiatric training for primary care physicians

#2 Adequate and equitable reimbursement for telepsychiatric services from all payers

Psychologists

#1 Increased funding to \$120,000 for postdoctoral training program

#2 Prescriptive authority for psychologists based on New Mexico model – passage of SSB 1162 and HSB 149

TAB 3

2 LEGISLATIVE PRIORITIES

Psych-MH ARNP

#1 Access to federal funds for "Iowa Needs Nurses Now Initiative"

#2 Educate regarding role of nursing within team of MH professionals

Physician Assistants in Psychiatry

#1 Adequate reimbursement and credentialing for psychiatric physician services provided by PA's.

#2 Loan repayment for PA's and better funding for PAs in psychiatry fellowships

Social workers

Not finalized

Discussion revolved around:

Loan repayment program

Loan forgiveness program

Provisional license for LMSW's upon receipt of degree

2 LEGISLATIVE PRIORITIES

Certified Behavioral Analysts

#1 Pool of funds for higher education institutions to develop a BCBA master's program

#2 RFP for Behavior Analyst Supervision for a limited # for 3 years

Substance Abuse and Co-Occurring Workforce

*Do **not** support efforts to license this workforce – continue with certification*

#1 Require 3rd party reimbursement for master's level certified alcohol and drug counselors – **and** – Support incentives for MH professionals to become certified in substance abuse counseling

#2 Increase availability to 2 and 4 year college programs for substance abuse degrees

Peer and Family Support Specialists

Funding for the RFP to build the Peer and Family support Peer Specialist workforce in Iowa

TAB 3

2 LEGISLATIVE PRIORITIES

Certified Employment Support Professional

#1 Training funds of \$65,000 for 4 geographically based training programs offered twice a year

Direct Care Workforce

#1 \$120,000 in development funds to create curriculum for:

- Alzheimer's dementia
- Autism
- Positive Behavioral Supports
- Mental Health

#2 \$380,000 appropriation for operations (increase of \$166,600)

Federal funds are no longer available

TAB 4

WORKFORCE STATISTICS & TRAINING LOCATIONS

Type of Professional	# licensed or certified in Iowa	Total years to complete training
# of programs in Iowa for this type of licensed professional	# of programs in Eastern Iowa Central Iowa Western Iowa	

TAB 5

RECOMMENDATION

Identify a responsible entity to focus on building the MHDS workforce

- Employment issue
- Economic development issue
- Mental health issue
- Public health issue

- Need staff
- Relationship building skills
- Collaboration skills
- Outreach and marketing skills
- Recruitment skills
- Communications skills

- Work through regions/health enterprise zones for input, collaboration and matching funds

- Issue a public annual report so progress can be monitored

- Require a MH and Disability Workforce Council

Look at the side by side page

TAB 6

PROVIDERS – INCREASE FINANCIAL VIABILITY

Training Costs

- Do not include in admin costs
- Get reimbursed for investment
- We want staff to be well trained
- Providers expected to be trauma informed
multi-occurring capable
knowledgeable of EBP's

Clearinghouse for Re-Credentialing

- Providers only have to credential once rather than multiple times
- Insurance companies check for provider eligibility to network
- Could it increase provider networks?

Require reimbursement for telehealth

- Multiple levels of providers
- Multiple types of locations
- Telehealth parity law

Doug

- access times
- locations providing services

TAB 6

KEEP INSURANCE COMPANIES ACCOUNTABLE

Reimbursement	Preauthorizations	Services	MH Parity
<p>Establish a floor for reimbursement</p> <p>Reimburse certified MHDS providers, not just licensed</p> <p>Too many providers moving to cash only</p>	<p>Urgent or exigent preauth's for medication made within 24 hours</p> <p>Non-emergency preauth's for medication made within 72 hours</p>	<p>Required to reimburse core and core plus service domain services as per SF 2315</p> <p>We need a continuum of care regardless of payer</p> <p>First step could be insurance block grants to regions</p>	<p>Troublesome practices</p> <ul style="list-style-type: none"> -poor provider networks -high deductibles -poor reimbursement for mental health -too few MH services -not a continuum of care

TAB 6

COMPARATIVE DOCUMENTS

<p>Who Covers What? NAMI Array of Services for Youth</p>	<p>Who Covers What? NAMI Array of Services for Adult</p>	<p>Wrap Around Care Service types <i>No one but Medicaid comes close to providing these services</i></p>
<p>Reimbursement Comparison Charts for NP Using Medicare as the level to compare to</p>	<p>Reimbursement Comparison Charts for CMHC Using Medicare as the level to compare to</p>	<p>Reimbursement Comparison Charts for CMHC Using Medicaid as the level to compare to</p>

TAB 7

IDPH & IA COLLEGE STUDENT AID COMMISSION

IDPH Programs

Internships-Fellowships-Residencies - Existing Training Programs – **increase \$**

8 – use state money

1 new **proposed** program at Broadlawns

Total state funds \$2,711,578

Not counting \$2M residency \$

7 programs received **\$711,578**

20 MH professionals gained or retained

Medical Residency \$ doesn't work for Broadlawns

It is essential to have an additional psychiatry training location in Iowa

Total proposed \$3,750,000

Not counting \$2M residency \$

7 programs receive \$1,750,000

An increase of \$1 million (e)

IA Student Aid Commission

No measurable benefit to the MH workforce from Health Care Loan Forgiveness Programs through the Iowa College Student Aid Commission

Proposal

Mental Health Workforce Loan Forgiveness Program

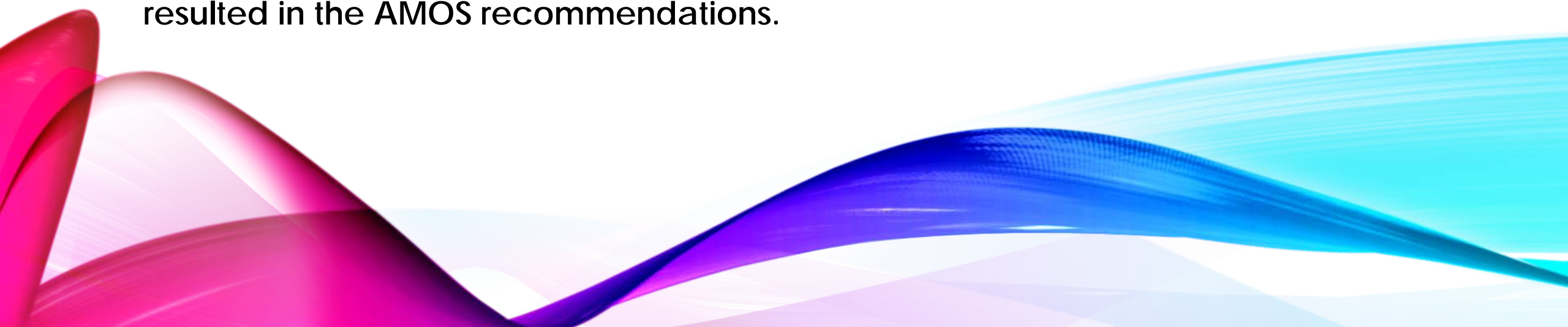
\$1,000,000

Incent to specialty shortage areas

TAB 8

SUMMARIES OF PREVIOUS WORKFORCE REPORTS

Recommendations from the AMOS workforce report can be found in past workforce reports. The past reports plus interviews and additional research resulted in the AMOS recommendations.



TAB 9

RANKING RESULTS FROM FIRST ACA OPEN ENROLLMENT

IOWA'S RANK – **51** OUT OF 51 – LAST PLACE

Our access problems will worsen unless we move forward decisively to build the capacity of the MH workforce.

Iowa's overall health ranking fell from 18th to 24th in 2014.

TAB 10

CHART OF RECOMMENDATIONS

Lists the legislative issues which will need to be written into bills

- from MH professional groups
- for providers
- for insurance companies
- training, recruitment and loan forgiveness programs

Additional Costs **not** known

- **TERM**H or similar training for Primary Care
- Social Worker information not received yet
- RFP for Peer & Family support workforce system
- **A responsible entity to focus on building the MHDS workforce**
- **Clearinghouse for re-credentialing**

Additional Costs known

- \$ 350,000 – Iowa Needs Nurses Now
- \$ 340,000 – certified behavior analysts
- \$ 65,000 – certified employment specialists
- \$1,000,000 – add'l funds internships, fellowships
- \$1,000,000 – MHDS Loan Forgiveness program
- \$2,755,000 + existing funding \$2M medical residencies + \$712,000 existing internships, fellowships