November 29, 2018 Workforce for Health Taskforce Meeting Summary

Dick Wilkerson, Co-chair of the Taskforce and member of the Institute of Medicine and Public Health's (IMPH) Board of Directors welcomed the Taskforce to the November 29 Workforce for Health meeting and reminded members to mark their calendars for the upcoming January 17 and February 21 Taskforce meetings. Also of note, the final two meetings will not include new information or a new topic but will focus on creating meaningful recommendations from the themes discussed across all meetings of the Taskforce. Mr. Wilkerson also mentioned that attendees would receive two new documents during their breakout sessions: (1) a summary of themes from all the taskforce meetings to date and (2) a handout about what makes a good recommendation. Mr. Wilkerson then introduced the first speaker of the meeting, fellow IMPH Board member and chair of the South Caroline Behavioral Health Coalition (SCBHC), Dr. Gerald Wilson.

Dr. Wilson presented on state-level work to improve South Carolina's behavioral health systems of care. He described the Hope for Tomorrow report, published by IMPH in 2015. The report outlines a cradle to grave assessment of behavioral health services, including mental health, as well as substance use disorders, and includes 20 recommendations. IMPH convened an Implementation Leadership Council after the report was released to ensure continued focus and attention on the recommendations. That effort evolved into the development of the South Carolina Behavioral Health Coalition. The Coalition is made up of about 400 members from across South Carolina. Many of them regularly attend bi-monthly meetings. The focus areas[1] of the coalition include:

- Data Analytics and Informatics
- Behavioral Health/Primary Care Outpatient Alignment
- Judicial System, Corrections, Law Enforcement (new)
- Legal/Regulatory Policy (new)
- Children and Youth Behavioral Health Services[2] (new)
- Crisis Stabilization – implementation stage

> One of the recommendations of the original Hope for Tomorrow report was to address the significant shortage of behavioral health professionals in our state. This taskforce can inform a path forward in identifying specific strategies to meet the needs of our communities.

The Behavioral Health Coalition celebrated its one-year anniversary in August. The Coalition has recently completed a strategic plan with actionable steps to improve behavioral health services across the state. They have also worked with state agency leaders and their core leadership team to develop a School Safety Vision and Call to Action, which includes a plan to provide a mental health counselor in every South Carolina school by the year 2022.

Following Dr. Wilson's presentation, Dr. Pete Liggett, the Deputy Director of Long-Term Living and Behavioral Health at South Carolina's Department of Health and Human Services, presented information

[1] Substance use disorder education and prevention is a key component of each focus area.

[2] SCBHC is serving as a hub for organizations focused on Children & Youth Behavioral Health efforts.

on parity and behavioral health access. Dr. Liggett explained in detail The Mental Health Parity and Addiction Equity Act (MHPAEA); a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the Affordable Care Act to also apply to individual health insurance coverage. HHS has jurisdiction over public sector group health plans, while the Departments of Labor and the Treasury have jurisdiction over private group health plans.

In 2010, "…a nationally representative survey of commercial health plans was conducted in 60 market areas across the continental United States, achieving response rates of 89% in 2010 (weighted N=8,431) and 80% in 2014 (weighted N=6,974). . . In 2014, 68% of insurance products reported having expanded behavioral health coverage since 2010…Most plans reported no change to prior-authorization requirements between 2010 and 2014[3]." Coverage for eating disorders and autism did not improve.

MHPAEA does not guarantee provider reimbursement parity. Behavioral health provider groups must compete at the RVS (resource-based Relative Value Scale) Update Committee (RUC) level to address reimbursement and coverage issues driven by Common Procedural Terminology (CPT) development.

After Dr. Liggett's presentation, a panel of presenters convened to review their experiences with "bright spots" in workforce applications for community-based behavioral health. Panelists included:

- Sara Goldsby, Director, DAODAS
- Rich Jones, CEO/COO, FAVOR Greenville
- Deborah Blalock, M.Ed., LPCS, Deputy Director, SC DMH Community Mental Health Services
- Chanda Brown, Ph.D., LMSW, Director, The Charleston Center

Director Goldsby kicked off the panel with a presentation on workforce planning for substance use disorders. She reviewed several important aspects of the current landscape, noting the shortage of qualified, competent, professionals skilled in providing substance use disorder services; the lack of experienced administrators; a greater need for services; and the lure of "greener pastures" for young professionals. Director Goldsby made several recommendations for improved recruitment efforts, including student loan repayment program awards, marketing for the substance use disorder workforce, creating a supportive infrastructure for student internships and providing training to all health professionals to address substance use disorders as a preventable, treatable, chronic, (sometimes) deadly disease. She also described the priorities of the SC Department of Alcohol and other Drug Abuse Services (DAODAS), which currently include recruitment and retention, succession planning (for administrators), continued development of peer support services and integration of health care.

Rich Jones continued the panel discussions with a presentation on innovations in the workforce that support recovery. Mr. Jones noted that a Substance Abuse and Mental Health Services Administration (SAMHSA) grant has provided USC Medical School and Greenville Health System with 30 hours of training on addiction case management. He also described how digital health coaching is being applied to patients; the program provides a digital recovery advocate and a recovery coaching specialist. Outreach is made through phone calls, text and social media, with online learning available to

[3] Hodgkin, D., et. al. (2018)

participants. Mr. Jones also discussed FAVOR's utilization of video recordings of interviews with those in recovery to educate the public. This service, uTurn.net, is a national project funded with private entrepreneurial funds. Mr. Jones' organization, FAVOR Greenville, is its community's "Welcome Center to Recovery." The organization offers services to individuals and families suffering with substance use disorders. Programs and services at FAVOR Greenville Center are offered at no cost, so people do not face any financial barriers to participation.

Deputy Director Deborah Blalock and Director Chanda Brown concluded the panelist discussions with a presentation on the history of collaboration and community-based care for people with mental health illnesses and substance use disorders. They have worked to ensure those with mental health disorders have resources at each stage of interaction with law enforcement and the criminal justice system to prevent unnecessary incarceration or other penalties. This work was built on a strong foundation of positive interactions with, and initiatives for, the community. These programs range from clinicians embedded in school systems to clinicians embedded with law enforcement, first responder support teams and other forms of community activism. These and other initiatives undertaken by the SC Department of Mental Health Community Mental Health Services have enjoyed great success over the years. For example, the EMS/ Mobile Crisis Telehealth Project (May 2017 – present) has succeeded in diverting 632 patients from the Emergency Department and 546 patients from the hospital. The Farmacy initiative is another program being used effectively to connect at-risk community members with important resources and medical professionals through delivery of healthy foods to underserved neighborhoods. Impressively, organizations participating in the Farmacy program include law enforcement, EMS, the Charleston / Dorchester Mental Health Center, the Charleston Center, Roper St. Francis, the Medical University of South Carolina, Accesshealth, the Franklin C. Fetter FQHC and the foodbank.

After the panel presentations Taskforce members proceeded to their breakout groups. Each workgroup split their time between 2 questions, as follows:

1. Based on today's presentations and your experience, what can health systems / educational and training organizations / community-based organizations and their partners do to enhance the community-based behavioral health workforce? What, if any, policy changes are needed to enable this enhancement?
2. Reflecting on the thematic content analysis of all previous meetings, begin to collapse the themes that you see emerging (this will be the foundation for the recommendations to be drafted in January).

Discussion leaders led taskforce members through the focus questions. A brief summary was provided once the taskforce reconvened back to the Congaree room. After each group reported back to the taskforce, Mr. Wilkerson gave the closing remarks and thanked everyone for their time and effort. The final Workforce for Health Taskforce meetings will take place on January 17 and February 21, 2019.

November 29, 2018 Workforce for Health Taskforce Meeting Attendees

1. Representative Ashley Trantham
2. Jeanette Andrews

3. Julie Ann Avin
4. Bree Bess
5. Salandra Bowman
6. Morgan Browne
7. Angel Clark
8. David Cull
9. Shuana Davis
10. Rick Foster
11. David Garr
12. Jeffrey Ham
13. James Harper
14. Ann Lefebvre
15. Jamie Crisman Low
16. Deborah Munchmeyer
17. Tricia Richardson
18. Kayce Shealy
19. Virginia Berry White
20. Megan Ritter

Presenters

1. Gerald Wilson
2. Pete Liggett
3. Sara Goldsby
4. Rich Jones
5. Deborah Blalock
6. Chand Brown

Advisory Committee

1. Graham Adams
2. Chris Collins
3. Sara Goldsby
4. Anton Gunn
5. Linda Lacey
6. Pete Liggett
7. Angelo Sinopoli
8. Dick Wilkerson

Facilitators

1. Pam Gillam
2. Candace Knox
3. Jolene McAbee