Iowa Department of Public Health
Mental Health & Disability Workforce Workgroup
Meeting # 1, October 29, 2012

Facilitation Notes

The charge

The Legislative Charge from Senate File 2315 was to create a taskforce to address issues in assuring an adequate workforce. The IDPH gathered a representative set of licensed professionals into an expert panel to meet, deliberate and create a set of recommendations for the Iowa General Assembly.

The Workgroup

The workgroup gathers key practitioners and educators in the mental health and disabilities field for a meeting plan that focus on discussion and deliberation of the issues, of previous studies and of the shortage measures. The series of meetings will provide current measures of workforce supply, opportunities for deliberation of specific issues and themes, and facilitated processes to create recommendations for the Iowa Legislature.

The Process

Meeting # 1 was designed to introduce the new members to each other and to the work to be done. Presentation provided information and data around the issues of physician supply, advanced nurse supply, state designated shortage areas. The meeting discussion related to challenges and the discussion question was:

Over the next 3 to 5 years what barriers and challenges must we address to meet our mental health and disability service access goals?

Expert Panel/Workgroup	Participant Group 1	Participant Group 2	Participant Group 3
*Collaborative care	Education costs	Access to psychiatric services & in patient MH	Overall lack of MH/Dis knowledge/Educ across all providers
Windshield time	Equal value/different roles	Reimbursement issues –telehealth –reimburse workforce	Discrimination/stigma, attitudes of providers & consumers as well
*Geographic distribution	Acceptance of new provider service roles e.g. Peer support, Direct care givers, Family	2-Funding	Lack of knowledge about MH presentations of illness across the lifespan – i.e. youth, elderly
*Finances	Access for family to initiate treatment	4-Training workforce - Include peer support - Entire health & long term care workforce	Daunting licensing standards to achieve license, i.e. MSW need 2000 hours supervised experience to sit for LISW exam
*Education	Transportation	Educate the public	Urban/rural disparities
Recruitment & retention	Authorized service settings	Disparity – urban vs. rural	Aging professionals
Insurance coverage/ reimbursement practices	Funding/reimbursement for all members of team	1-Infrastructure	Lack of access to transportation

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Expert Panel/Workgroup	Participant Group 1	Participant Group 2	Participant Group 3
Full range of services	Inter-professional communication	Transportation	Lack of internships/residencies rotations to fulfill #s
Insufficient coordination with ancillary providers	Cross train Intellectual/developmental disabilities	3-Accepting change	Lack of opportunities for sites to operate demonstration models
Language & cultural barriers		Engage family practice docs	Increasing cost of education
Cultural competency		Combine medical model with community model	Reimbursement rate of professionals low
*Scope of services		Dual dx (diagnosis)	Bundling method offers low reimbursement for peer support
Unfunded mandates			Lack of collaboration and treatment silos, especially in co-occurring disorders
Existing silos – providers			Training lacking to providers of the peer support role
Existing silos - reimbursement			Lack of telemedicine other than Medicaid paid
			Lack of training for new models such as peer support
			Lack of training for crisis intervention
			Need a chart showing different provider types with standards to meet licensure
			Burn out – production vs. treatment with 15 minute appointments – does not lead to quality care – care compromised
			Geography and were providers want to live
			Lack of provider incentives
			Multi-cultural barriers
			Lack of incentives for rural areas – lack of recruitment /retention skill sets
			Transitional services needed
			Licensing for sites i.e. transitional services

The Outcome

The workgroup and the participant audience worked in small groups to identify the barriers and challenges and created the lists in the table above. The workgroup/expert panel is the left column and their priorities are identified by the green asterisks. The three audience groups are the columns on the right and while only one identified their priorities, you can read the similarities and common experiences that they share with the workgroup.

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