



**EXECUTIVE CHAMBERS**  
HONOLULU

**DAVID Y. IGE**  
GOVERNOR

**Hawai'i Health Care Innovation Models Project  
Workforce Committee Meeting  
August 27, 2015**

Committee Members Present:

Kelley Withy (Co-Chair)  
Beth Giesting (Co-Chair)  
Susan Young  
Gregg Kishaba  
Laura Reichhardt  
Pam Kawasaki  
Carl Hinson  
Nancy Johnson  
Catherine Sorenson  
Deb Gardner  
Robin Miyamoto

Staff Present:

Trish La Chica  
Abby Smith

Presenters:

Julie Takimisasha  
Victoria Hanes  
Jill Oliviera-Gray

Consultants: (by phone)

Mike Lancaster  
Denise Levis  
Laura Brogan

Committee Members Excused:

John Pang  
Karen Pellegrin  
Chris Flanders  
Joan Takamori  
Deb Birkmire-Peters  
Carol Kanayama  
Katherine Parker  
Sandra LeVasseur  
Lana Kaopua  
Lynette Landry  
Celia Suzuki  
Auræ Beidler  
David Sakamoto  
Don Domizio  
Christine Sakuda  
Forrest Batz  
Jane Uyehara-Lock  
Josh Green  
Mary Boland  
Napualani Spock  
Roseanne Harrigan  
Shunya Ku'ulei Arakaki  
Jillian Yasutake  
Helen Aldred

Welcome and Introductions (Kelley)

Co-chairs Withy opened the meeting with introductions.

**Hawaii Health Care Innovation Models Project  
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Minutes (Beth)

The committee members approved the minutes from the previous meeting.

Workforce Summit (Kelley)

- At 500 now, but can register more

Project ECHO (Kelley)

- Have narrowed down to 2 subjects: endocrinology and behavioral health

Psychologist Presentations:

Victoria Hanes: Behavioral Health Integration

- Clinical psychologist at West Hawaii Community Health Center
- Integrated care model
- Have behavioral health providers at all 6 sites
- Have built around the culture of integration and warm hand offs
- Children's behavioral health integration in 3<sup>rd</sup> year
- A lot of children were being lost in referral process. Referrals that used to take months now take a week.
- Initiative was created because children were presenting in primary care but not making it to CAMHD. Process has now been smoothed out.
- Would be beneficial to have similar program with Adult Mental Health Division to expedite referrals
- Robin: there is still a workforce shortage even if this model were to expand
- Not a one size fits all model

Robin Miyamoto: Paid Internships/Residency Options

- Being reimbursed for services provided by interns and post-docs would support an expanded psychology workforce, including increasing the number of people who would be interested in getting their experience on other islands.
- Medicaid could reimburse for the work of supervised interns but several years ago clarified ambiguous guidelines by disallowing payment. 7 states have some kind of reimbursement for unlicensed psychologists. Arkansas is most recent.
- MedQUEST has also imposed a \$500 credentialing fee for psychologists; no fee for other professions

Jill Oliveira-Gray: Prescriptive Authority for Psychologists (please see slides)

- Maximize all health professionals to fullest capacity
- Issues of access to comprehensive behavioral health services
- RxP (prescriptive authority) is a grassroots, community led movement
- Legislation would grant prescriptive authority to advance trained psychologists with specialty postdoctoral training in clinical psychopharmacology (master's degree level)

DLIR Health Care Workforce Advisory Council Update: (Kelley and Laura)

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- Group will meet for first time in Sept. with entities specifically named in legislation. Center for Nursing is part of this group and so is a representative from DOH.
- Any suggestions for additional at-large members should be shared with Kelley or Laura

Center for Nursing Update: (Laura)

- Strategies for workforce demand and forecasting shortages
- Workforce survey just ended. Analysis will begin soon and data will be out in the fall.

Community Health Worker Training Program: (Deb)

- Primary purpose of TAACCT round 4 grant is to advance the community health worker (CHW)
- Standard education and certification
- Would like to use the definition of CHW from American Public Health Association:

The CHW Section has adopted the following definition of a community health worker: A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link /intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

- Workforce committee members have endorsed definition. If anyone has any revisions or objections, please email Dr. Withy directly
- Does the CHW fit into committee's agenda?

SIM Goals and Focus Area (Beth)

- Working on behavioral health integration
- Multi-generation approach
- SIM will not be given a round 3 of grant funding as we know it. There may be targeted grants, and CMMI emphasizes maximizing Medicaid funding opportunities, which provide federal match and sustainability.
- SIM staff is developing implementation plan for MedQUEST's use

Closing Remarks

- Would appreciate having Judy Mohr-Peterson come to a meeting to discuss Medicaid opportunities for workforce change. Would also like more information about Medicaid funding mechanisms such as State Plan Amendments (SPAs)
- Discussed moving the meetings to another venue but group agreed that future meetings should remain in State Office Tower. Please contact Abigail Smith if you need a parking pass ([Abigail.r.smith@hawaii.gov](mailto:Abigail.r.smith@hawaii.gov))
- Next meeting will be Thursday, September 24<sup>th</sup> from 3-4:30 at SOT
- Dr. Withy will provide update on focus groups at next meeting

Adjournment at 4:33 pm



# TAACCCT ROUND 4 CHW INITIATIVE: AN UPDATE

# TAACCCT ROUND 4 GRANT

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## Primary Purpose:

to help advance the Community Health Worker (CHW) as a viable career, in the context of a transformed health care system that provides greater access to high quality and affordable health care to high-risk and vulnerable populations including low-income minority populations.

# UPDATE

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- ✘ Feedback from some stakeholders – we want more CHWs but need them to be reimbursable providers.
- ✘ Let’s “not reinvent the wheel” given all the CHW initiatives that have been done across the country.
- ✘ There will not be a *special* information meeting on CHW initiatives at the September 19<sup>th</sup> 2015 Hawaii Health Workforce & Information Technology Summit. We will have a table to promote a CHW stakeholder meeting with potential dates.



# COORDINATION OF HAWAI'I HEALTH WORKFORCE INITIATIVES



SIM/Workforce Development Committee  
Develop plan to support “emerging professions”

Hawaii AHEC

SIM/CMS Planning Grant-CHWs in Behavioral Health

Statewide Advisory Panel (recent enactment of ACT 166:  
Hawaii Healthcare Workforce Advisory Board)

Policy & Planning Workgroup

HCC Consortium: TAACCCT R4 Grant



# DRAFT DEFINITION OF COMMUNITY HEALTH WORKER (CHW)

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison—link-intermediary between health & social services and the community to facilitate access to Services and improve the quality and cultural competency of service delivery. A CHW also builds individual and Community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (Am. Public Health Assoc.)

The duties of a CHW include:

- ✘ Assisting individuals and communities to adopt healthy behaviors
- ✘ Conducting outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- ✘ Providing information on available resources
- ✘ Providing social support and informal counseling
- ✘ Advocating for individuals and community health needs
- ✘ Providing services such as first aid and blood pressure screening
- ✘ Collecting data to help identify community health needs



# MINNESOTA CHW STATUTE

- ✘ **Subd. 49. Community health worker.**
- ✘ (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:
  - ✘ (1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or
  - ✘ (2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section [245.462, subdivision 18](#), clauses (1) to (6), and section [245.4871, subdivision 27](#), clauses (1) to (5), or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.
- ✘ Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.
- ✘ (b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section [245.462, subdivision 18](#), clauses (1) to (6), and section [245.4871, subdivision 27](#), clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.
- ✘ (c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.



# QUESTIONS & CONCERNS

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- ✘ Does this work group see the CHW as a priority occupation to support moving forward regarding healthcare workforce priorities?
- ✘ What would we need to have in place for Medicaid and Chip as well as Medical Home Models to consider paying for CHW services?
- ✘ Do you know of any Hawaii organizations that might have data on CHWs here in Hawaii regarding their effectiveness (Triple Aim)?

# RxP Hawai'i: Prescriptive Authority for Psychologists

SIM Grant  
Workforce Committee Meeting  
8/27/15

# Mission

Improving access to comprehensive behavioral health care through passing legislation granting Prescriptive Authority for Advanced Trained Prescribing Psychologists

# RxP Hawai'i

- RxP Hawai'i is a community led, grassroots movement occurring in the State of Hawai'i as a result of the chronic and ongoing lack of access to Psychiatrists to serve our communities, particularly in rural areas.
- RxP Hawai'i legislation in the Hawai'i State Legislature would grant Prescriptive Authority to Advance Trained Psychologists with specialty postdoctoral training in Clinical Psychopharmacology.

# Who we are

- Mental health consumers
- Family members
- Professionals from all disciplines



# History of RxP

## Hawai'i

- First legislation introduced in 1984
- Legislation passed in 2007 only to be vetoed by Gov. Lingle

## New Mexico

- Legislation passed in 2004

## Louisiana

- Legislation passed in 2006

## Illinois

- Legislation passed in 2014

Psychologists have also been prescribing safely and effectively in the Indian Health Service, U.S. Public Health Service and U.S. Military

# Why Hawai'i needs RxP

Our communities are suffering without access to care. Patients have to wait weeks and months to get an appointment with a Psychiatrist and many rural areas such as Molokai, Hana, Lahaina, and Lanai have no resident psychiatrist at all.

With resources stretched to the limit, prescribing mental health professionals are in short supply and the demand far exceeds the capabilities of the existing network. Hospitals, Clinics, and Community Health Centers are in dire straits as funding becomes more scarce.

As more people are placed on Medicaid as a result of federal health care reform, and states continue to struggle to cover the cost of Medicaid, the problem will only worsen.

The pain is widespread and growing. When people do not receive the mental health care they need, they end up in hospitals or jails – driving up those costs dramatically and further crunching our tax dollars.

Suicide rates are too high and our communities are suffering needlessly.





# Why Hawai'i needs RxP

- From 2008-2012, there was an ***increasing trend*** in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (60%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (81%).
- The most common negative life events that precede suicide are relationship issues (34%), usually a break up or divorce (12%) or serious illness or medical issues (26%). Many studies show that people who commit suicide receive little or no treatment for their mental health problems due to pervasive stigma against mental illness that prevents many people from seeking help that could turn out to be life saving AS WELL AS barriers to accessing appropriate and effective care in the community

# Why Hawai'i needs RxP

- In line with SIM Grant focus to:
  - Improve Hawai'i's system of care for individuals with mild to moderate BH conditions and those with chronic conditions in combination with BH conditions
  - Reduce health care costs associated with above populations

# What is a Prescribing Psychologist?

- A Prescribing Psychologist is a Clinical Psychologist who has completed advanced training in Clinical Psychopharmacology and has been granted the authority to prescribe by their state licensing board.

# Will all Hawai'i psychologists be able to prescribe?

- NO. Only those Psychologists who have earned a Postdoctoral Masters of Science in Clinical Psychopharmacology (MSCP); Completed the required clinical training hours under the supervision of a physician; and passed the National Licensing Exam Psychopharmacology Exam for Psychologists (PEP), and have been approved by the Board of Psychology will be granted a certificate to prescribe.

# Will prescribing psychologists be able to prescribe all types of medications?

- NO. Prescribing psychologists will only be allowed to prescribe mental health medications (psychotropics). They will not be allowed to prescribe any narcotics.



# Legislation

**HB 1072  
Passed  
through  
House  
Health,  
Consumer  
Protection  
& Finance  
committees**



**Only to be  
held up on  
the desk of  
the Senate  
Health  
Committee**

# Training Requirements

- Completion of Master's Program in Clinical Psychopharmacology, supervised 14-month practicum experience, and passing a National Licensing Exam—Psychopharmacology Exam for Psychologists
- Prescribe only in consultation and collaboration with a patient's physician of record
- Working with key legislators on language and further requirements that will be best suited for Hawai'i

# UH Hilo MSCP Curriculum

<b>First Year Fellows</b>		<b>Credits</b>
<b>Fall</b>	The Biochemical Basis of Therapeutics I – Biomolecules	3
	The Biochemical Basis of Therapeutics II- Metabolism	3
	Human Physiology	3
<b>Spring</b>	Integrated Pharmacotherapy I	7
<b>Summer</b>	Integrated Pharmacotherapy II	5





# UH Hilo MSCP Curriculum

<b>Second Year Fellows</b>		
<b>Fall</b>	Integrated Pharmacotherapy III	4
	Advanced Psychopharmacology I	2
	Psychopharmacology Practicum	
<b>Spring</b>	Advanced Psychopharmacology II	2
	Law and Pharmacotherapy	2
	Psychopharmacology Practicum II	2
<b>Total Credits</b>		<b>33</b>



<b>Content Knowledge Areas</b>	<b>Courses</b>
<b>Integrating clinical psychopharmacology with the practice of psychology</b>	<b>Advanced Psychopharmacology I (PHPS 604)</b>
	<b>Psychopharmacology Practicum (PHPS 607)</b>
<b>Neuroscience</b>	<b>The Biochemical Basis of Therapeutics I – Biomolecules (PHPS 450)</b>
	<b>The Biochemical Basis of Therapeutics II - Metabolism (PHPS 451)</b>
	<b>Human Physiology (PHPS 606)</b>
<b>Nervous system pathology</b>	<b>Human Physiology (PHPS 606)</b>
	<b>Integrated Pharmacotherapy II (PHPS 602)</b>
<b>Physiology and pathophysiology</b>	<b>Human Physiology (PHPS 606)</b>
	<b>Integrated Pharmacotherapy I,II,III (PHPS 601, 602, 603)</b>

<b>Biopsychosocial and pharmacologic assessment and monitoring</b>	<b>Advanced Psychopharmacology I (PHPS 604)</b>
	<b>Advanced Psychopharmacology II (PHPS 605)</b>
	<b>Psychopharmacology Practicum (PHPS 607)</b>
<b>Differential diagnosis</b>	<b>Integrated Pharmacotherapy II (PHPS 602)</b>
	<b>Psychopharmacology Practicum (607)</b>
<b>Pharmacology</b>	<b>Integrated Pharmacotherapy I,II,III (PHPS 601, 602, 603)</b>
<b>Clinical psychopharmacology</b>	<b>Advanced Psychopharmacology II (PHPS 605)</b>
	<b>Psychopharmacology Practicum (PHPS 607)</b>
<b>Research</b>	<b>Advanced Psychopharmacology II (PHPS 605)</b>
<b>Professional, legal, ethical and interprofessional issues</b>	<b>Law &amp; Psychopharmacology (PHPS 608)</b>



CAMPAIGN TIPS  
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**SIGN THIS PETITION**

**SIGN THE PETITION**

**Note:** By signing, you agree to receive email messages from MoveOn.org Civic Action and MoveOn.org Political Action. You may unsubscribe at any time. [ [Privacy policy](#) ]

# RxP Hawaii: Medical Psychology

Petition by [Don Lane](#)

To be delivered to **The Hawaii State House, The Hawaii State Senate, and Governor David Ige**

Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

There are currently 763 signatures. NEW goal - We need 1,000 signatures!



**PETITION BACKGROUND**

Psychologists with advanced training in psychopharmacology have been prescribing safely for decades without incident in other states and the military, and it's time for Hawaii to pass a law that will help it's people.

RxP Hawai'i website  
[www.rxphawaii.com](http://www.rxphawaii.com)

Change is on the Horizon: Support  
RxP for Hawaii

