

**VIRGINIA HEALTH CARE FOUNDATION (VHCF)**  
**BEHAVIORAL HEALTH WORKFORCE INITIATIVE**  
**Highlights: Survey of Community Health Centers**  
**January 2013**

During the fall of 2012, VHCF conducted research on Behavioral Health (BH) workforce capacity in Virginia to provide information that can be used by the Foundation for strategic planning purposes. Data were gathered between August and November 2012, through electronic surveys designed and compiled by an independent contractor. Organizations receiving the surveys included Virginia's Community Health Centers (CHCs), Free Clinics (FCs), and Community Services Boards (CSBs), with an overall response rate of 90% (111/124). (See table for summary findings of the three surveys.)

**Community Health Centers Survey**

In August 2012, CHC Executive Directors were emailed a link to an 18-item electronic survey. Twenty-four of 27 CHCs responded, for an exceptionally high response rate of 89%. The following information highlights and summarizes the responses provided, and is divided into three sections: (1) behavioral health services and professionals; (2) insurance credentialing and payment issues; and, (3) interest in Psych-Mental Health Nurse Practitioners (PMHNPs) and BH professions students. (**Note:** percentages rounded to the closest whole number.)

**Section I: Behavioral Health Services & Professionals**

**A. BH services provided by CHCs**

Most CHCs (82%) provide some BH services to their patients, and these are usually (83%) co-located with primary medical services. Of those CHCs that are not currently providing BH services, 4 stated that they may or will provide BH in the future, contingent on availability of funding, BH professionals, and space.

While 82% of CHCs provide BH services to adults (over age 21), 73% also provide these services for young adults (13-21 years), and 55% to children under age 13. The size of CHCs' BH practice is typically less than 1,000 unduplicated patients (92% of CHCs).

CHCs typically provide a full range of behavioral health services, most frequently including: screening (91%), brief individual counseling (91%), psycho-education/lifestyle modification (85%), case management (85%), extended individual counseling (85%), diagnostic/functional evaluation (78%), psychotropic medication management (75%), psychological testing (71%), and psychiatric consultation (61%). A smaller proportion of CHCs provide group treatment/counseling (39%).

**B. BH professionals providing services**

CHCs are most likely to have licensed clinical social workers (LCSWs, 65%) or licensed professional counselors (LPCs, 50%) providing BH services. Some CHCs also have psychological health nurse practitioners (PMHNPs, 40%), clinical psychologists (30%), psychiatrists (30%), and "other providers" (20%). Few have PMH clinical nurse specialists (PMHCNS, 5%). Those CHCs without a psychiatrist or PMHNP are using primary care physicians (59%) and/or other NPs (41%) for BH medication management.

Regarding employment status, BH professionals were typically staff rather than contractors, and there was usually one full-time equivalent position per CHC. The exception was LCSWs, where 1-2 FTEs was the norm.

### **C. Positions available & recruitment of BH professionals**

Although there was wide variability in the length of time required to hire BH professionals, clinical psychologists, LPCs and LCSWs were usually hired in 8 months or less, while psychiatrists took more than 12 months to recruit. There was no typical recruitment pattern for PMHNPs—for 50% of the CHCs, it took less than 8 months; for the other half, it took more than 12 months. While all licensed BH professionals are a challenge to recruit, board certified psychiatrists and bilingual providers are the most difficult.

At the time of the survey, CHCs had 16 open positions, most for full-time staff. These included positions for LCSWs (5), clinical psychologists (4), psychiatrists (3), PMHNPs (2), LPCs (1), and PMHCNSs (1).

### **D. Factors considered in choosing type of BH professional**

In order of priority, CHCs preferred someone with: the broadest scope of practice (90%), highest level of third-party payment for services (55%), least amount of supervision required (55%), most affordable salary (55%), and, availability in their area (35%).

## **Section II. Insurance Credentialing & Payment Issues**

### **A. Credentialing Issues with BH professionals**

CHCs had few problems credentialing BH professionals with payers, but find correct coding a challenge. Credentialing issues occurred most frequently with PMHNPs (22% of CHCs), LPCs (20% of CHCs), and clinical psychologists (17% of CHCs). Medicare will not credential LPCs and Tricare only credentials LPCs in BH professional shortage areas. Some CHCs have issues with Medicaid and commercial insurers in relation to certain BH professionals, and others indicated that some Managed Care Organizations (MCOs) initially denied credentialing requests, saying that provider panels were full.

### **B. Payment differential for psychiatrist vs. other BH professionals**

As federally qualified health centers, CHCs receive cost-based reimbursement for Medicare and Medicaid. In 2012, BH services were paid at 75% of UCR, and will increase to 81% in 2013 and achieve full parity (100% UCR) with primary care services by January 2014.

## **Section III. Interest in PMHNPs and BH Professions Students**

### **A. Working with PMH and other NPs**

Asked whether they would be interested in working with PMHNPs, 58% said yes; 57% also indicated they would be interested in working with an Adult or Family NP with behavioral health credentials. CHCs had a preference for other NPs with BH credentials (41%) vs. “pure” BH NPs (20%). Many (43%) need more information about the options.

### **B. Clinical Placements for BH Professions Students**

A majority of CHCs do not currently serve as clinical placement sites for BH students: Those that do have students (41%) usually have social work (for 41% of CHCs), professional counselor (33%), or psychology (27%) students. Each CHC typically has 10 students or less per year from each discipline. While a number of CHCs expressed interest, they most often cited lack of staff/preceptors available or qualified to supervise students, limited space and concerns about reduced productivity of supervising staff.

## **Next Steps**

THANK YOU for your participation in this survey. During 2013, VHCF staff will use the survey results and other research to explore ways to build behavioral health capacity in Virginia's health care safety-net.

**Selected Survey Responses of Behavioral Health (BH) Provider Organizations: January 2013**

<b>Survey Responses N=111/124 (90%)</b>	<b>Community Services Boards (CSBs); N=37/40 (93%)</b>	<b>Community Health Centers (CHCs/ FQHCs) N=24/27 (89%)</b>	<b>Free Clinics (FCs) N=50/57 (88%)</b>
<b>BH Services Provided/ Size of Practice</b>	<i>Not asked this question, as is primary function of CSBs</i>	Most do, co-located w/PC (83%); usually adults (82%) & adolescents (13-21; 73%), fewer children (<13; 55%); typically <1,000 BH patients & 1,000-2,500 visits	Most do, co-located w/PC (71%); usually adults (83%) & young adults (18-21; 60%); typically <500 BH patients & visits
<b>Types of BH Professionals</b>	100% have psychiatrists most have LPCs (97%), LCSWs (95%), clinical psychologists (60%), "others" (57%), PMHNP (51%), PMH CNS (22%)	Most have LCSWs (65%), LPCs (50%), PMHNPs (40%); psychiatrists (30%), clinical psychologists (30%), "others" (20%), PMH CNS (5%)	Most have LCSWs (65%), LPCs (52%), psychiatrists (52%), clinical psychologists (39%), PMHNPs (19%), "others" (19%), CNS (7%)
<b>Recruitment of BH Professionals</b>	Typically <8 months to hire; all licensed professionals difficult, psychiatrists & child psychiatrists most difficult	Great variability, most <8 months to hire, but some >12 months to hire; bilingual & psychiatrists most difficult	Variability, but most < 8 months; difficult to find BH volunteers, especially bilingual & psychiatrists
<b>Positions Open</b>	64 open positions; includes LCSWs (20), LPCs (17), psychiatrists (14), PMHNPs (7), psychologists (4), PMH CNS (2)	16 open positions; includes LCSWs (5), psychologists (4), psychiatrists (3), PMHNPs (2), LPC (1), PMH CNS (1)	35 open positions (34 volunteer); LCSWs (8), psychiatrists (7), PMHNPs (6), PMH CNS (5), psychologists (5), LPCs (4)
<b>Hiring Considerations</b>	Prefer: broadest scope of practice (85%), highest level reimbursement (58%) & most affordable (55%)	Prefer: broadest scope (90%), highest reimbursement (55%), least supervision (55%) & most affordable (55%)	Prefer: someone willing to be regular volunteer (75%), least supervision (56%) & broadest scope of practice (44%)
<b>Insurance/ Credentialing Issues</b>	Usually 3-6 months, Medicare most challenging & will not credential LPCs; Tricare credentials LPCs only in BH shortage areas; some difficulty with commercial insurers	No major problems with credentialing, but correct/legal coding is another issue; LPC not a provider under Medicare & some issues w/Medicaid & commercial & other BHPs; some MCOs say panels full	Most (79%) do not receive payment for BH services, nor do they (79%) pay a contractor or consultant to provide BH services; some receive patient donations & pay BHPs via grant support
<b>Collaboration with other providers</b>	Most collaborate with free clinics (65%), CHCs (55%) & others	<i>Not asked this question</i>	<i>Not asked this question</i>
<b>Interest in working with PMHNPs, if available</b>	86% interested in PMHNP; 66% in other NP with additional BH credentials; many need more information (59%)	58% interested PMHNP; 57% in other NP with additional BH credentials; many need more information (43%)	74% interested in PMHNPs; 68% in other NP with BH credentials; many need more information (87%)
<b>Interest in HP students</b>	Most have HP students (<10/yr.), few w/psychiatry residents or PMHNP/CNS; don't have staff to precept	Most do <i>not</i> have students; those who do (<10/yr.) have SW, PC, psych; don't have staff to precept, space issues & some concerns about reduced productivity	Most do <i>not</i> have students; those who do (<10/yr.) have SW, NP/CNS, PC, psych; limits are staff to precept & space issues

**KEY:** LPC (licensed professional counselor); LCSW (licensed clinical social worker); PMH/NP (psych-mental health nurse practitioner); PMH/CNS (psych-mental health clinical nurse specialist); HP (health professional); MCOs (managed care organizations); PC (primary care); BHPs (behavioral health professionals)