VIRGINIA HEALTH CARE FOUNDATION (VHCF) BEHAVIORAL HEALTH WORKFORCE INITIATIVE Highlights: Survey of Community Services Boards 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 Services Boards (CSBs), Community Health Centers (CHCs), and Free Clinics (FCs), with an overall response rate of 90% (111/124). (See table attached for summary findings of the three surveys.)

Community Services Boards Survey

In August 2012, CSB Executive Directors were emailed a link to a 12-item electronic survey. Thirty-seven of 40 CSBs responded, for an exceptionally high response rate of 93%. The following information highlights and summarizes the responses provided, and is divided into three sections: (1) behavioral health professionals and services; (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 (BH) Professionals & Services Provided

A. Types of BH professionals providing services

All CSBs have psychiatrists, and most have licensed professional counselors (LPCs, 97%) and licensed clinical social workers (LCSWs, 95%). A majority also have clinical psychologists (60%), "other providers" (57%), and psych-mental health nurse practitioners (PMHNPs, 51%). Some have PMH clinical nurse specialists (PMHCNS, 22%) as well.

With regard to employment status, CSBs typically employed many more LPCs and LCSWs than other types of professionals. Sixty-five percent (65%) had more than 10 full-time equivalent (FTE) LPCs, and 44% had more than 10 FTE LCSWs. On the other hand, CSBs that had clinical psychologists or PMHNPs usually had only one FTE. All CSBs had at least one psychiatrist, with a range of 1-10 FTEs depending on the size of the agency. While most BH professionals were staff, 42% of psychiatrists were contractors. There was wide variability in staff numbers related to the organization's size, for example: One large CSB has 650 staff members, including 100 LPCs.

B. Types of BH services provided

CSBs typically provide a full range of behavioral health services, most frequently including: case management (100%), psychiatric consultation (97%), psychotropic medication management (97%), group treatment/counseling (97%), brief individual counseling (92%), psycho-education/lifestyle modification (91%), screening (91%), and diagnostic/functional evaluation (91%). A majority also provide extended individual counseling (85%), psychological testing (63%), and primary care consultation (58%).

With regard to primary care consultation, most CSBs collaborate with Free Clinics (65%) and CHCs (55%), and less so with other health providers (37%) or health departments (32%). It is most often a psychiatrist or LPC who provides the BH consultation, for evaluation, counseling or medication management.

C. Positions available & recruitment of BH professionals

Although there was wide variability in the time required to hire psychiatrists and PMHNPs, clinical psychologists, LPCs and LCSWs were usually hired in 8 months or less. While all licensed BH professionals are a challenge to recruit, board certified psychiatrists and child psychiatrists are the most difficult.

At the time of the survey, there were 64 open positions, most for full-time staff. These included positions for LCSWs (20), LPCs (17), psychiatrists (14), PMHNPs (7), clinical psychologists (4), and PMHCNSs (2).

D. Factors considered in choosing type of BH professional

In order of priority, CSBs preferred someone with: the broadest scope of practice (85%), highest level of third-party payment for services (58%), most affordable salary (55%), availability in their area (39%), and, least amount of supervision required (27%)

Section II. Insurance Credentialing & Payment Issues

A. Credentialing Issues with BH Professionals

Most CSBs indicated that it typically took 3-6 months to get BH professionals credentialed by payers. The BH professionals who were most likely to have difficulty in becoming credentialed were LPCs (for 33% of CSBs) and LCSWs (for 21% of CSBs), although 18% experienced issues with psychiatrists, 11% with PMHNPs, and 10% with clinical psychologists. Commercial insurers and Medicare were the most challenging payers. Medicare will not credential LPCs and Tricare only credentials LPCs in BH professional shortage areas.

B. Payment differential for psychiatrist vs. other BH professionals

Insurers typically limit payments to psychiatrist/other physicians providing BH services to evaluation and psychotropic medication management. When other BH professionals provide the same or similar services, however, they are paid at a lower percentage of the MD rate.

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, 86% said yes; 66% also indicated they would be interested in working with an Adult or Family NP with behavioral health credentials. CSBs had a slight preference for "pure" BH NPs vs. other NPs with BH credentials. Most (59%) need more information about the options.

B. Clinical Placements for BH Professions Students

Most CSBs serve as clinical placement sites for BH students: The student types include: social work (for 91% of CSBs), professional counselor (80%), psychology (67%), psychiatry residents (23%), and PMH NP or CNS (16%). Each CSB typically has 10 students or less per year from each discipline. While a number of CSBs that do not currently have students expressed interest in them, some cited lack of staff or other preceptors available and credentialed to supervise students.

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			
Survey Responses N=111/124 (90%)	Community Services Boards (CSBs); N=37/40 (93%)	Community Health Centers (CHCs/ FQHCs) N=24/27 (89%)	Free Clinics (FCs) N=50/57 (88%)
BH Services Provided/ Size of Practice	Not asked this question, as is primary function of CSBs	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
Types of BH Professionals	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%)
Recruitment of BH Professionals	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
Positions Open	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 (33 volunteer); LCSWs (8), psychiatrists (7), PMHNPs (6), PMH CNS (5), psychologists (5), LPCs (4)
Hiring Considerations	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%)
Insurance/ Credentialing Issues	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
Collaboration with other providers	Most collaborate with free clinics (65%), CHCs (55%) & others	Not asked this question	Not asked this question
Interest in working with PMHNPs, if available	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%)
Interest in HP students	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)