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

Free Clinics Survey

In August 2012, Free Clinic Executive Directors were emailed a link to a 17-item electronic survey. Fifty of 57 responded, for an exceptionally high response rate of 88%. The following information highlights and summarizes the responses provided, and is divided into three sections: (1) behavioral health services and professionals; (2) payment considerations; and, (3) interest in PMHNPs and BH professions students. (***Note:*** *percentages rounded to the closest whole number*.)

Section I: Behavioral Health Services & Professionals

A. BH services provided by Free Clinics

A majority of FCs (>60%) provide some BH services to their patients, and these are usually (71%) co-located with primary medical services. Of those FCs that are not currently providing BH services, most (18 FCs) may or will provide BH in the future, contingent on availability of funding, BH professionals, and space.

While 83% of FCs provide BH services to adults (over age 21), 60% also provide these services for young adults (13-21 years). The size of clinics' BH practices is typically less than 500 unduplicated patients (85%) and less than 500 patient visits (61%).

FCs typically provide a full range of behavioral health services, most frequently including: brief individual counseling (91%), extended individual counseling (85%), screening (72%), diagnostic/functional evaluation (73%), case management (71%), psychotropic medication management (69%), psycho-education/lifestyle modification (69%), and psychiatric consultation (61%). A smaller proportion of FCs provide group treatment/counseling (44%) and psychological testing (39%).

B. BH professionals providing services

FCs are most likely to have licensed clinical social workers (LCSWs, 65%), licensed professional counselors (LPCs, 52%), or psychiatrists (52%) providing BH services. Some FCs also have clinical psychologists (39%), psych-mental health nurse practitioners (PMHNPs, 19%), and "other providers" (19%). Few have PMH clinical nurse specialists (PMHCNS, 7%). Those FCs without a psychiatrist or PMHNP are using primary care physicians (79%) and/or other NPs (71%) for BH medication management.

Eighty-one percent (81%) of the professionals providing BH services in FCs are volunteers. All psychologists and PMH CNSs involved with FCs were volunteers. For LCSWs and LPCs, the ratio of volunteers to staff and contractors was about 4:1; and, for psychiatrists, was about 3:1. Few FCs (8) had PMHNPs, but those who did were more likely to be paid as staff

or contractors (5) than to be volunteers (3). Overall, the combination of staff, contractors and volunteers for FCs was usually equivalent to one full-time position per clinic.

C. Positions available & recruitment of BH professionals

While there was some variability, most types of BH professionals were usually hired in 8 months or less. Some FCs recruited psychiatrists in less than 8 months, while others 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, FCs had 35 open positions, most (33) for volunteers. Volunteers being recruited included LCSWs (8), psychiatrists (7), PMHNPs (6), clinical psychologists (5), PMHCNSs (5), and LPCs (4). Two positions were for part-time staff, including a psychiatrist and a LCSW.

D. Factors considered in choosing type of BH professional

In order of priority, FCs preferred someone: willing to volunteer on a regular basis (75%), requiring the least amount of supervision (56%), with the broadest scope of practice (44%), available in their area (31%), and with the most affordable salary (22%).

Section II. Payment Considerations

A. Payment for BH services

Free Clinics usually (79%) do not receive any type of payment for BH services, although they may ask patients for donations. The clinics also do not typically (79%) pay a consultant or contractor for BH services. The few that do have paid or contracted BH professionals most often have grant funding to support those services.

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, 74% said yes; 68% also indicated they would be interested in working with an Adult or Family NP with additional behavioral health credentials. FCs had no real preference for working with “pure” BH PMHNPs vs. ANPs/FNPs with additional BH credentials. Most (87%) need more information about the options.

B. Clinical Placements for BH Professions Students

A majority of FCs do not currently serve as clinical placement sites for BH students: Those that do have students (21%) usually have social work (for 21% of FCs), PMHNP or CNS (20%), professional counselor (13%), or psychology (11%) students; a few also have psychiatry residents. Each FC typically has 10 students or less per year from each discipline. While a number of FCs expressed interest, they most often cited lack of staff/preceptors available or qualified to supervise students, and limited space.

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 have <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 have <500 BH patients & <500 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 *not* 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 *not* 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)