

Highlights of VHCF's Research on Mental Health & Workforce Issues
Mental Health Roundtable: December 13, 2012
Presented by Barbara H. Dunn, PhD, RN, CPNP, Consultant

A. VHCF Strategic Plan (Sept. 2011)

- ❖ **Goal 4:** Expand the capacity of Virginia's mental health safety net

B. MH Project Research (July-November 2012)

1. Surveyed various constituencies:

- CSBs, CHCs, Free Clinics (*111/124=90% response rate!*)
- Licensed PMH NPs, other NPs working in behavioral health (*72 responses*)
- Nursing Schools with PMH NP programs (*N=4 +1 collaborative*)
 - Interviews with faculty to obtain program data
 - Program & clinical site needs

2. Gathered data available from:

- Department of Health Professions (*license lists, NP statistics*)
- DHP Workforce Data Center (*surveys of physicians, clinical psychologists, social workers & professional counselors*) (<http://www.dhp.virginia.gov/hwdc>)
- Department of Health (*maps; HPSA designations*)
- Department of Behavioral Health & Developmental Services (*LMHP regulations*)

3. Conducted internet research on:

- VA Schools of Nursing with NP/masters programs
- Education/licensing requirements for various BH professionals
- Trends in mental health & integration of BH in primary care
- Job openings for PMH NPs (*Va. Council of NPs website*)
- Funding/grants available for programs & students

C. Mental Health Workforce (DHP, WDC surveys, licensee information)

1. Major types & proportions of MH professionals (see bar graph attached)
(of 9,045 total licensed & living in VA):

- Licensed Clinical Social Workers (40%)
- Licensed Professional Counselors (28%)
- Clinical Psychologists (20%)
- Psychiatrists (11%)
- Psych-Mental Nurse Practitioners (1% NPs)
 - PMHNPs are <2% of all licensed NPs in VA (133 of 7,023)

2. Length of Pipeline: Education & Credentialing

- Licensed MH professionals prepared at the masters or doctoral level
- **For psychiatrists—8 years:** 4 years medical school + 4 years residency to sit for national board certification
- **For psychologists, social workers & professional counselors—3-7 years:** 2-5 years graduate school + 1-2 year supervised internship/residency to be eligible for national level certification & state licensure

- **For PMHNPs—2 years:** 2 years graduate school & eligible for national level certification immediately after program completion, then state licensure
3. **MH Health Professionals Shortage Areas (HPSAs)**—Nearly two-thirds of Virginia’s counties are shortage areas (*see Map attached*)
 4. **Most MH professionals are concentrated** in certain regions of the state:
 - **Northern (33%); Central (27%); Hampton Roads (18%);**
 - West Central (11%); Valley (6%); Southwest (3%); Southside (2%); Eastern (<1%)
 5. **MH Professionals’ Work Settings** (*excludes psychiatrists, no data*):
 - Private solo/group practices (55%)
 - CSBs (11%) or other nonprofit safety net settings (8%)

D. VHCF Organizational Surveys (*SurveyMonkey, August-October 2012*)

1. **Surveys of Safety Net Organizations:** Overall response rate (111/124=90%)
Individual rates: CSBs (37/40=93%), CHCs 24/27 (89%), Free Clinics (50/57=88%)
2. **Behavioral Health Services in CHCs & Free Clinics**
 - 82% of CHCs & >60% FCs offer some BH services, usually co-located
 - Most see adults (82-83%), young adults (73% CHCs, 60% FCs), fewer see children under 13 (55% CHCs)
 - BH practices relatively small: 500-1,000 patients & less than 2,000 visits
 - CHCs usually have 1-2 FTEs (LPCs, LCSWs, Psych); same for FCs with volunteers/contract staff
 - Those organizations **without BH services** cite affordability, space & lack of availability of BH professionals in their locations
3. **Types of BH Services in CSBs, CHCs & FCs**

BH Services	CSBs	CHCs	FCs
Screening	91%	91%	72%
Diagnostic/Functional Evaluation	91%	78%	73%
Psychological Testing	63%	71%	39%
Care Coordination/Case Mgmt	100%	85%	71%
Psycho-Educ/Lifestyle Modification	91%	85%	69%
Individual Counseling, Brief	92%	91%	90%
Individual Counseling, Extended	85%	85%	85%
Group Treatment/Counseling	97%	39%	44%
Psychotropic Med Management	97%	75%	69%
Consult w/Psychiatrist	97%	61%	84%
Consult w/PCP	58%	N/A	N/A

4. Types of BH Professionals in HSN Organizations

Professionals:	CSBs	CHCs	FCs
Psychiatrists	100%	30%	52%
LPCs	97%	50%	52%
LCSWs	95%	65%	65%
Psychologists	60%	30%	39%
PMH NPs	51%	40%	19%
PMH CNS	22%	5%	7%
“Others”	57%	20%	19%

5. Positions Available & Recruitment

- **CSBs**—64 positions & usually < 8 months to fill; all licensed professionals difficult, especially psychiatrists & child psychiatrists
- **CHCs**—16 positions & greater variability, most < 8 months to fill, but some > 12 months, especially bilingual & psychiatrists
- **FCs**—35 open positions—all but two volunteer (1 PT psychiatrist, 1 LCSW) & variable, but usually < 8 months to recruit; difficult to find bilingual, psychiatrists, as well as LCSWs & PMHNPs

6. Preferences for Hiring/Types of BH Professionals

- **CHCs & CSBs prefer (*respectively*):**
 - Broadest scope of practice (90%; 85%)
 - Highest reimbursement (55%; 58%)
 - Most affordable (55% each; #3 for CSBs, #4 for CHCs)
 - For CHCs #3 is least supervision (55%)
- **Free Clinics prefer:**
 - Someone willing to volunteer regularly (75%)
 - Least amount of supervision (56%)
 - Broadest scope of practice (44%)

7. Use of Behavioral Health Professional (BHP) Students

- **For CSBs:** Almost all have BHP students (<10/yr.); most often SW, PC, or psychology; few with psychiatry residents or PMHNP/CNS; some don't have staff to precept
- **For CHCs:** Most do *not* have students (59%); those who do (<10/yr.) usually have SW, PC, or psychology; many don't have staff to precept & some have concerns about reduced productivity
- **For FCs:** Most do *not* have students (79%); those who do (<10/yr.) usually have SW, NP/CNS, PC; limits are staff to precept & space concerns

8. Credentialing & Insurance Issues

- **For CSBs:** Usually 3-6 months, Medicare most challenging & will not credential LPCs; Tricare credentials LPCs only in shortage areas; some difficulty with psychiatrists & LCSWs with commercial insurers & MCOs

- **For CHCs:** Not a lot of problems with credentialing, but correct/legal coding is another issue; LPC not a provider under Medicare & some issues with Medicaid & commercial & other BHPs; some MCOs say panels full
 - **Comment from respondent:** CMS currently restricts payment for Medicare & Medicaid for FQHCs to 75% of the UCR. The parity law corrected this & in 2013 payment goes to 81.25% & in Jan. 2014 to 100%. So, will receive the same cost rate for BH services as for primary care. Parity law corrects payment for private insurance as well
- **For FCs:** Most (79%) do not receive payment for BH services, nor do they (79%) pay a contractor or consultant to provide BH services; the small proportion with paid BHPs are usually supported through grants or contracts

E. Mental Health Issues in Primary Care

1. Prevalence of MH Conditions in Primary Care

- Between 70-85% primary care visits have significant psychological or behavioral components
- Patients with MH conditions more commonly seen in PC than other settings
- Anxiety & depression among top 3 diagnoses, after hypertension & diabetes, in Virginia's safety net

2. Issues in Traditional Primary Care

- Most PC providers (*MDs, NPs, PAs*) are not fully trained to diagnose/ treat mental health conditions
- Many PC providers express discomfort in treating MH issues
- Referrals to community mental health providers are problematic, due to lack of capacity
- Results → MH disorders go undiagnosed or inadequately treated, and inappropriate psychotropic drugs may be prescribed with little follow-up

3. Integrated BH & Primary Medical Care

- “Rediscovering the neck”—reconnecting the head to the body
- **Why integrate?**
 - Many physical and BH conditions are co-occurring
 - Becoming a “best practice”
- **What it offers:**
 - More comprehensive & whole-person care
 - More cohesive system & better continuity of care
 - Improved access to BH services & less stigma
 - Better patient outcomes & lower system costs
- **What it requires:** Retraining professionals & re-thinking roles
 - Counseling visits more typically 15-30 minutes (*“brief intervention”*) visits
 - Coordination between BH & PC providers
 - BH & PC professionals need to speak the same language

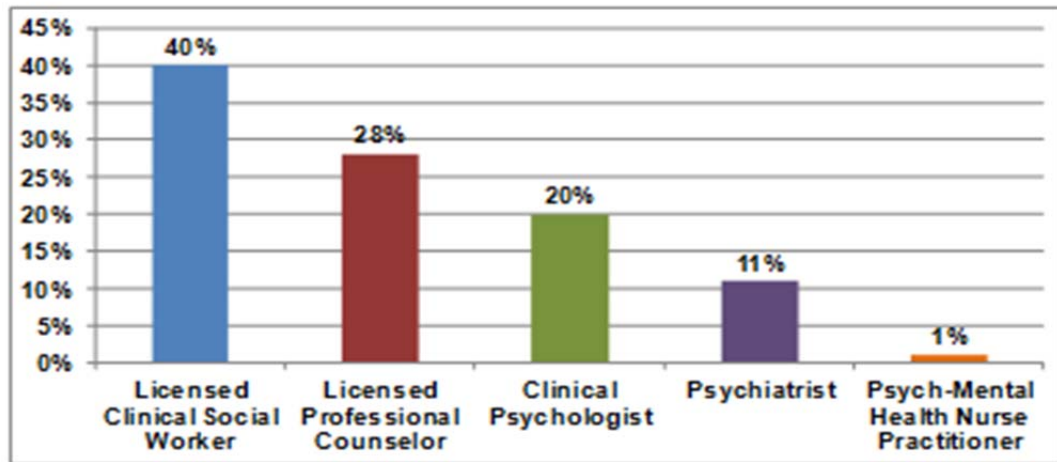
4. **Working with PMH NPs** (*from VHCF Surveys of Organizations*)
 - Most (overall 73%) are *interested* in the possibility of working with PMHNPs, if available in their area
 - Most (overall 64%) would be *interested* in a PMHNP who was a FNP or ANP with additional MH credentials (68% FCs, 66% CSBs, 57% CHCs)
 - While CSBs were interested in someone with a PC background, they showed a slight preference for a “pure” MH background
 - Many (overall 63%) need more information re: scope of practice, other issues to be better informed about the use of PMHNPs
5. **Educational programs for PMHNPs**
 - Can obtain PMH education from masters, post-masters or doctoral programs
 - Only 4 programs in VA (+ 1 collaborative): VCU, UVA, Shenandoah (+ Radford collaborative) & George Mason (*start-up fall 2012*)
 - For post-masters certificate (*PMC*), 3-4 semesters & cost on average of \$13,914 (range \$9,160-\$22,227, depending on number of credits)
 - **Enrollment is growing:** 3 programs graduated 11 students in 2009; 30 in 2012 & project 46 for 2014; enrollments limited by funds available for faculty & number of clinical sites/preceptors
 - **Surveyed faculty re: program needs:** tuition/expense assistance for students; more preceptors & preceptor sites; and, more PMH faculty (both didactic & clinical)

F. Observations & Summary

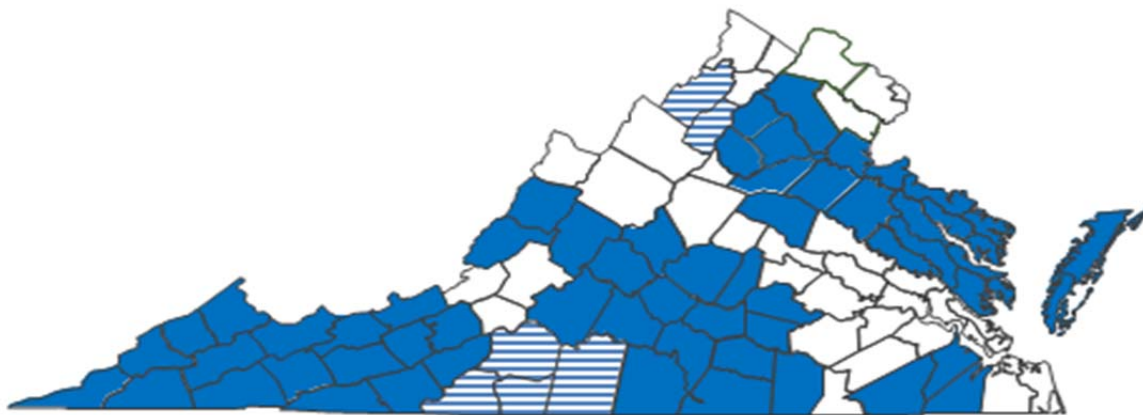
1. Major unmet needs for behavioral health services across the state, combined with a shortage of BH professionals
2. Increasingly, behavioral health services are being integrated into primary medical care practices, and this trend is likely to continue to grow
3. **For integrated PC**, PMHNPs may be one approach/option to consider, because:
 - **Broadest scope of practice** outside the MD/psychiatrist, because of ability to prescribe and provide medication management
 - **Shortest transit time** to specialty licensure
 - **Collaborating** physician required, but consultation & chart review can occur electronically
 - **Affordable:** PMHNPs typically \$87,000-\$89,000 (*to \$110,000 in some areas; source: VHCF PMHNP Surveys*)
4. **For integrated PC**, an experienced FNP who obtains additional credentials in BH would be particularly attractive, because this provider already:
 - Understands primary care & chronic disease management
 - Experienced with prescribing in a primary care setting
 - Proficient at communicating with PC physicians & other staff
 - Skilled at functioning as a team member (*collaborating with MD/other staff*)
5. **Other highlights & summary findings will be posted to VHCF’s website (www.vhcf.org) in early January 2013.**

Virginia Mental Health Workforce

Major types & proportions of MH professionals
(of 9,045 total licensed & living in VA)



Virginia's Mental Health Professionals Shortage Areas (HPSAs)



KEY: Blue solid—HPSA designation; blue pattern—HPSA re-designation pending.
Updated from HRSA website 9/5/12

