Mental Health Services & Workforce Issues
VHCF Mental Health Roundtable
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Corrected copy for VHCF website

VHCF Strategic Plan

(*Sept. 2011*)

Goal 4:

Expand the capacity of Virginia's mental health safety net

MH Project Research

(*July-November 2012*)

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

MH Project Research

(*July-November 2012*)

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; see http://www.dhp.virginia.gov/hwdc*)
- Department of Health (*maps; HPSA designations*)
- Department of Behavioral Health & Developmental Services (*licensing regulations re: LMHP designations*)

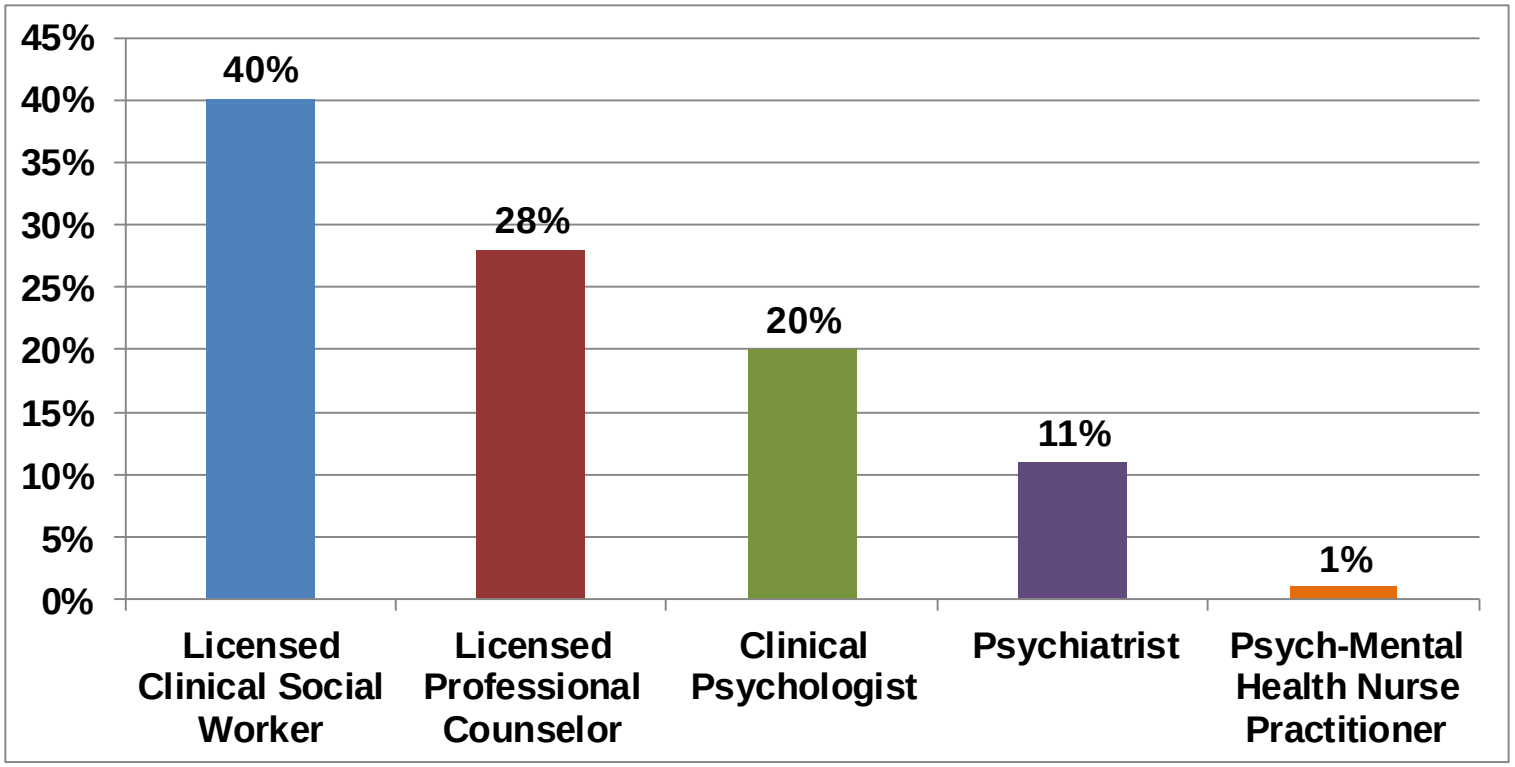
Conducted internet research on:

- 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 (*Virginia Council of NPs website*)
- Funding/grants available for programs & students

Virginia Mental Health Workforce

Major types & proportions of MH professionals

(*of 9,045 total licensed & living in VA*)



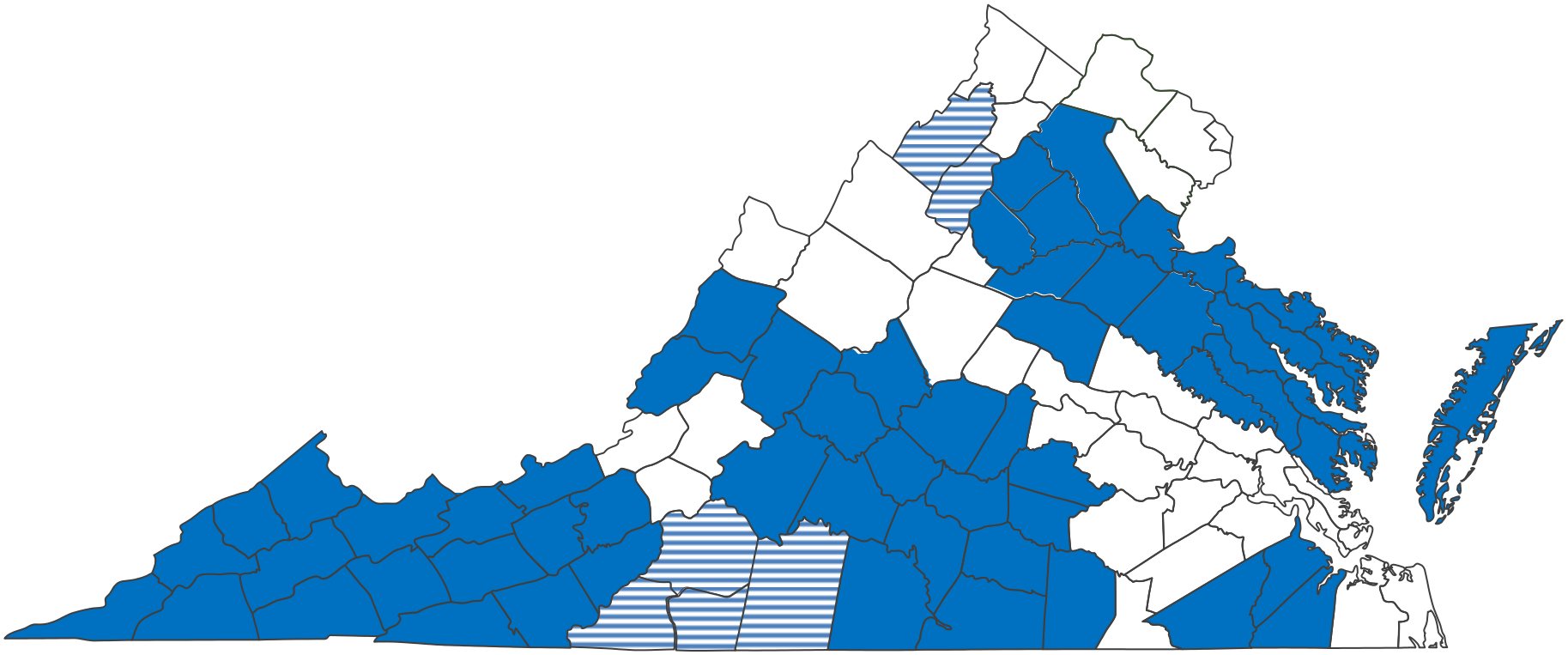
MH Education & Credentialing

Length of Pipeline:

MH professionals prepared at 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 + a 1-2 year supervised internship/residency after program completion to be eligible for national level certification & state licensure
- For **PMHNPs—2 years:** 2 years of graduate school & eligible for national level certification immediately after program completion, then state licensure as PMHNP

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.

MH Professionals' Locations & Work Settings

- **MH professionals are concentrated in the "golden crescent"**
  - Northern (*33%*); Central (*27%*); Hampton Roads (*18%)*
- **Fewer are located in the rest of the state:**
  - West Central (*11%*); Valley (*6%*); Southwest (*3%*); Southside (*2%*); Eastern *(<1%*)
- **Primary Work Settings** (*no data on psychiatrists*)
  - Private solo/group practices (*55%*)
  - CSBs (*11%*)
  - Other nonprofit safety net settings (*8%*)

VHCF Surveys

(August-October 2012)

Safety Net Organizations: CSBs, CHCs, FCs

- 12-18 question surveys via *SurveyMonkey*
- Overall response rate=90% (111/124)
- Individual rates:
  - CSBs= 93% (37/40)
  - CHCs=89% (24/27)
  - Free Clinics=88% (50/57)

VHCF Surveys: Organizations

Behavioral Health Services in CHCs & Free Clinics

- 83% of CHCs & >60% Free Clinics offer some BH services, usually co-located (some through referrals/consultation with CSBs or others)
- Most see adults (82-83%), young adults (73% CHCs, 60% FCs), fewer see children under 13 (55% CHCs)
- BH practice 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
- Those organizations ***without* BH services** cite affordability, space & lack of availability of BH professionals in their locations

Types of BH Services Offered

BH Services	CSBs	CHCs	FCs
Screening	91%	91%	72%
Diagnostic/Functional Evaluation	91%	78%	73%
Psych Testing	63%	71%	39%
Care Coordination/Case Mgmt	100%	85%	71%
Psycho-Education/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

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%

HSN Positions Available

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 psychiatrist, 1 LCSW) & variable, but usually < 8 months to recruit; difficult to find bilingual, psychiatrists, as well as LCSWs & PMHNPs

Preferences for 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%)

Use of Behavioral Health Professional (BHP) Students

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

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 CHC 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

Mental Health Issues in Primary Care

Prevalence of MH conditions in primary care

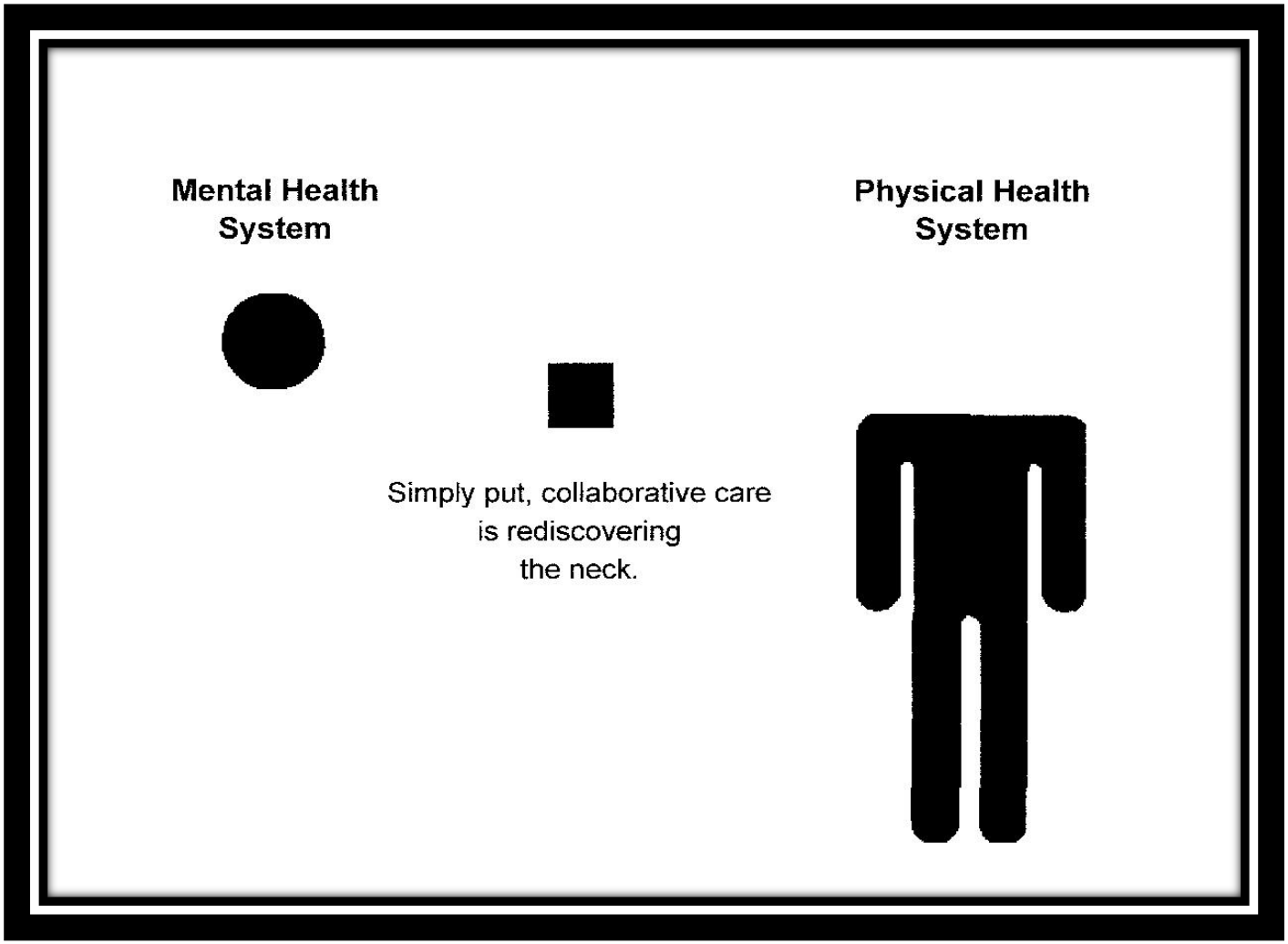
- 70-85% PC visits have significant psychological or behavioral components
- Patients with MH conditions more commonly seen in PC than other settings
- Anxiety & depression among top 3 diagnoses, after hypertension & diabetes, in Virginia's safety net

Issues in Traditional Primary Care

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

Integrated/Collaborative Health Care

(source: *Partners in Health Tool Kit*, 2009)



Integrated BH & Primary Medical Care

Why integrate?

- Because the head *is* connected to the body, and many mental and physical 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 MH 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

Working with PMH NPs

(from VHCF Surveys)

- Most (overall 73%) are *interested* in possibility of working with PMHNPs, if available
- 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

Educational Programs for PMH NPs

- 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)

Observations & Summary

- **Major unmet needs** for behavioral health services across the state, combined with a shortage of BH professionals
- Increasingly, behavioral health services are being **integrated into primary care** medical practice, and this trend is likely to continue to grow
- For the health safety net, **any BH workforce approach** should consider the move to integration & an expeditious method of providing more BH professionals

Observations & Summary

- **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 $120,000 in some areas*: *source VHCF PMHNP survey*)

Observations & Summary

- **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)*

Additional Information

- **Other highlights & summary findings** will be posted to VHCF's website in January 2013:
  - Go to: www.vhcf.org
- **Summary survey highlights** will also be emailed to all those organizations & individuals (NPs) who participated in VHCF surveys, also in January 2013
- For specific questions/information, contact

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