Assessment of the Capacity of Virginia’s Licensed Behavioral Health Workforce

A tool to serve as a baseline to measure progress and to help guide investments intended to increase access to basic mental health services in Virginia.

January 2022
Assessment of the Capacity of Virginia’s Licensed Behavioral Health Workforce

Executive Summary

The COVID-19 pandemic has brought a tsunami of stressors, resulting in a mental health crisis. Most behavioral health (BH) professionals indicate the various related traumas and their after-effects will continue far into the future. BH professionals throughout the Commonwealth are overwhelmed by the demand for services and Virginians are unable to get the help they need. Unfortunately, this demand is expected to continue to outpace the capacity of Virginia’s licensed BH workforce.

This assessment provides statewide and locality-specific data on the capacity of each of Virginia’s five types of licensed BH professionals; data regarding Virginia’s pipeline to produce more licensed BH professionals; the current demand for them; and the consequences of an inadequate supply. It is a tool to help those who want to increase access to basic mental health services prioritize investments of time and resources. It can also serve as a baseline to measure progress.

Key Findings

While Virginia regularly ranks at the top of national scorecards as the best state for business and a top state for public education, when it comes to availability of BH services, that is not the case. The shortage of BH professionals is not a new problem, the severity of the shortage is, however.

- A large and disproportionate number of Virginia’s licensed BH professionals are at or nearing retirement age (61% of Psychiatrists are age 55 or older).
- Virginia’s BH workforce does not reflect the racial and ethnic diversity of the Commonwealth’s population.
- 93 of Virginia’s 133 localities are federally-designated Mental Health Professional Shortage Areas; 37% of Virginians (3.2 million) live in them. Two localities have no licensed BH professionals; 35 have no trained BH prescriber (Psychiatrist, Psych NP).
- In many communities with no or a few BH professionals, a large number of households do not have broadband internet access and are unable to access tele-health services. One-in-five Virginians (20%) live in these communities.
- Virginia localities with no or a few BH professionals have poorer outcomes on key BH indicators than those with more BH professionals.
- Although Virginia’s 40 graduate-level BH programs, combined, graduate nearly 800 individuals annually, the number who ultimately become licensed in Virginia is insufficient to maintain even the current inadequate supply of BH professionals.

The Commonwealth of Virginia is a “can do” state and succeeds when its leaders focus on elevating the state’s performance or rankings. It will take a variety of short and long-term strategies over a number of years to address Virginia’s significant shortage of licensed BH professionals. As such, time is of the essence. The multi-dimensionality of solutions requires cross-sector engagement, focus, and investments of time, money and attention targeted to strategies which will produce measurable results.
Introduction

The COVID-19 pandemic has brought a tsunami of stressors and challenged the equilibrium of us all. The resulting need for behavioral health (BH) services has skyrocketed in Virginia and the nation. Most BH professionals indicate the various traumas and their after-effects will continue far into the future.

This has created a mental health crisis in both the public and private sectors. The workforce shortages that existed in the Commonwealth and in each of the five licensed BH professions before the pandemic have been exacerbated exponentially. The need and demand for behavioral health services far exceeds the available capacity to meet them. BH professionals throughout the Commonwealth are overwhelmed and Virginians are waiting months for help. Demand for services is expected to continue to outpace the workforce in the coming decade.

This assessment of the capacity of Virginia’s BH workforce provides statewide demographic data and locality-specific data for each of the five types of licensed BH professionals. It also includes data on Virginia’s pipeline for producing more BH professionals; the current demand for them; and the consequences of an inadequate supply. It is hoped this assessment can serve as a tool to help those addressing the shortage of BH providers prioritize and target investments of time and resources. This assessment can also serve as a baseline for measuring progress over the years.

Virginia Ranks Poorly in Availability of Behavioral Health Services

While Virginia regularly ranks at the top of national scorecards as the best state for business and a top state for public education, when it comes to availability of BH services, that is not the case:

- 38 states have more licensed BH professionals/100,000 people than Virginia (America’s Health Rankings, 2021).
- Virginia ranks 39th in the U.S. for access to mental health care and 41st for availability of its BH workforce (Mental Health America, 2021).
- 37% of Virginians live in the 93 localities that are federally-designated Mental Health Professional Shortage Areas (MHPSAs), compared to about 30% of all Americans.
- Access to BH services is a top concern in Community Health Needs Assessments conducted by Virginia’s nonprofit hospitals every three years.

Demographic Profile of Virginia’s Licensed BH Workforce Is Concerning

There are 5 types of licensed BH professionals:

- Psychiatrist (all types)
- Psychiatric-Mental Health Nurse Practitioner
- Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor
Many of them are at or nearing retirement age, with a significant portion age 55 or older. Data from the Virginia Department of Health Professions (DHP) show this is true for each of the five BH professions.

Most alarming is the age of such a large percentage of Psychiatrists and Psychiatric-Mental Health Nurse Practitioners (Psych NPs). Virginia is fast approaching a provider cliff with 61% of Psychiatrists age 55 or older and 39% of Psych NPs age 60 or older. This is particularly distressing, because they are the only types of BH professionals specially trained and licensed to prescribe and manage psychotropic medicines, which are a primary method of treating many mental health conditions.

<table>
<thead>
<tr>
<th>BH Professional Type</th>
<th>% of Workforce Age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>61%*</td>
</tr>
<tr>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>39%**</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>36%</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>37%</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>32%</td>
</tr>
</tbody>
</table>

*Psychiatrist Data Source: Association of American Medical Colleges (AAMC) (2019).
LCP, LCSW and LPC Data Source: Department of Health Professions’ Profession reports (2020).
**In 2019, 39% of Psych NPs were age 61 or older; 60% were age 51 or older. Data Source: Health Care Workforce Data Center, Virginia Department of Health Professions (October 2020).

While the percentage of those nearing retirement in the other three types of BH professional categories is not as startling, it is concerning as well, because it represents one-third or more of those practicing. If these providers’ ages were more evenly distributed over the typical four decades of practice, only 25% would be at or nearing retirement age.

More racial and ethnic diversity is needed in Virginia’s licensed BH workforce. Currently, it does not reflect the diversity of Virginia’s population (see table below). Therapy is most effective when the BH professional can personally relate to a client’s circumstances. This is especially true when a person’s stressors are related to racial and ethnicity-related issues.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Virginia</th>
<th>Licensed Clinical Psychologist</th>
<th>Licensed Clinical Social Worker</th>
<th>Licensed Professional Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Census</td>
<td>2020 Virginia Department of Health Professions Reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>60.3%</td>
<td>82%</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>Black</td>
<td>18.6%</td>
<td>7%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.5%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>7.1%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>2+ Races</td>
<td>8.2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>5.8%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Many Localities Lack the Licensed BH Professionals Needed

Awareness of the number and distribution of Virginia’s BH professionals is fundamental to understanding the availability of BH services in the Commonwealth. A vast majority of Virginia’s 133 localities are federally-designated Mental Health Professional Shortage Areas; 3.2 million Virginians live in these localities.

A review of the number of each type of BH professional by locality provides an eye-opening perspective. Two localities (Craig and Surry counties) have no licensed BH professionals of any kind. Two others (Mathews and King & Queen counties) each have ≤ 1 FTE of a BH professional.

The table below shows the number of Virginia localities with no BH professionals of a particular type and the number of localities with just 1 FTE or less of a type of BH professional.

<table>
<thead>
<tr>
<th>Number of BH Professionals/ Locality</th>
<th>Psychiatrists</th>
<th>Psych NPs</th>
<th>FTE Clinical Psychologists</th>
<th>FTE LCSWs</th>
<th>FTE LPCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>54</td>
<td>51</td>
<td>33</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>≤1</td>
<td>25</td>
<td>28</td>
<td>15</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>TOTAL</td>
<td>79</td>
<td>79</td>
<td>48</td>
<td>11</td>
<td>16</td>
</tr>
</tbody>
</table>

Data for Psychiatrists and Psych NPs and LPCs, LCSWs LPCs practicing in Virginia (in 2021 and 2020, respectively): Healthcare Workforce Data Center, Virginia Department of Health Professions.

Shockingly, 54 localities have no Psychiatrist and 51 have no Psych NP. In addition, 88 localities have no Child/Adolescent Psychiatrist. Perhaps most significantly, 35 localities are without a prescriber (Psychiatrist, Psych NP) specifically trained in psychotropic medicines and an additional 25 have only 1 prescriber. Note that these are the same two professions with the highest percentage of those at or near retirement age.

While primary care providers (PCPs) can prescribe behavioral health medicines, most PCPs have little training in psychopharmacology and many feel uncomfortable doing so, as a result. Still, PCPs write many psychiatric prescriptions (59% of all psychotropic prescriptions in 2006 – 2007, including 62% of antidepressant prescriptions, Reuters Health News, September 2009). Their lack of training prescribing psychiatric medicines is borne out in the data. More than 50% of PCP-treated patients with depression receive less than the recommended dose of anti-depressants (Yale Journal of Biology and Medicine, 2013).

The following maps show the distribution of each of the 5 licensed BH professionals practicing in Virginia by locality.

- Stripes indicate there is none of the type of BH professional in the locality.
- Dark colors are localities with very few of the BH professional type.
Distribution of Psychiatrists in Virginia

Distribution of Child and Adolescent Psychiatrists

Distribution of Psychiatric-Mental Health Nurse Practitioners
Distribution of Licensed Clinical Psychologists (LCPs) in Virginia

Distribution of Licensed Clinical Social Workers (LCSWs) in Virginia

Distribution of Licensed Professional Counselors (LPCs) in Virginia
Access to Telehealth Services Can Be Problematic

Often when there are discussions about the shortages of health professionals, many automatically assume that telehealth can address the problem. Telehealth has been a significant help during the pandemic and has enabled many to receive needed care, including BH services. McKinsey and Company reports that telehealth has been used more for behavioral health services than for any other type of outpatient visits during the pandemic (presented at the Virginia Hospital and Healthcare Association’s October 2021 Behavioral Health Summit). While helpful, telehealth is not a panacea. Many Virginians do not yet have broadband services. This limits their ability to receive BH care via telehealth.

The map below shows the extent to which Virginia's Mental Health Professional Shortage Areas (MHPSAs) overlap with localities where 75% or fewer households have broadband internet service. In many communities with no or few BH professionals, a large number of households do not have broadband internet access. One-in-five Virginians (20%) live in these communities.

Data Source: Mental Health Professional Shortage Areas, Office of Health Equity, Virginia Department of Health (August 2021). Localities where ≤75% of households have broadband internet services needed to assure ready access to BH services via telehealth (U.S. Census, 2015 - 2019).

While Virginia is using federal COVID-19 funding and other sources to increase broadband availability to many of these localities, it will take a number of years before the type of last-mile coverage needed to assure ready access to BH services via telehealth is available.

Lack of Local BH Professionals Has Consequences

While some Virginians living in localities with too few licensed BH professionals may be able to travel to other localities for BH services, it is clear there are consequences for individuals and communities without BH professionals. Overall, these localities have much poorer outcomes on key BH indicators than the state as a whole:
• In all of these localities, the percent of adults reporting frequent mental distress (14+ poor mental health days/month) exceeds the Virginia rate of 12.5%.

• In all of these localities, the average number of adults reporting mentally unhealthy days in the past 30 days exceeds the number of days reported by Virginia adults, overall (4 days/month).

• In 81% of localities with ≤ 1 prescriber and ≤ 1 therapist, the suicide rate exceeds the state rate (13.6/100,000 people).

Data Sources: The Suicide Death Rate is from the Office of the Chief Medical Examiner Annual Report, 2019, Virginia Department of Health (June 2021). Data regarding poor mental health days are from the 2018 Behavioral Health Risk Factor Surveillance System (BRFSS) conducted by the Centers for Disease Control and Prevention.

High Demand for BH Professionals in Virginia

While the demographic and outcomes data paint a compelling picture of the need for many more licensed BH professionals throughout the Commonwealth, the availability of jobs for these valuable providers reinforces the tremendous demand for them.

<table>
<thead>
<tr>
<th>BH Professional Type</th>
<th># Job Postings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>172</td>
</tr>
<tr>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>97</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>148</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>549</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>412</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,378</td>
</tr>
</tbody>
</table>

Data Source: Indeed.com, November 2021

Virginia’s Current Pipeline of Virginia BH Professionals Is Inadequate

Given the current and growing demand for BH services and the paucity of licensed BH professionals in the Commonwealth, an examination of Virginia’s current capacity to educate and produce these needed providers is important.

Virginia colleges and universities have 40 graduate-level programs to prepare licensed BH professionals. Combined, they graduate nearly 800 BH professionals annually.
### Type of BH Professional Program

<table>
<thead>
<tr>
<th>Type of BH Professional Program</th>
<th># Virginia BH Programs</th>
<th># Graduates from Virginia BH Programs (2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry (residency)</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>10</td>
<td>58</td>
</tr>
<tr>
<td>Masters of Social Work</td>
<td>4</td>
<td>351</td>
</tr>
<tr>
<td>Masters of Professional Counseling</td>
<td>14</td>
<td>295</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>40</strong></td>
<td><strong>777</strong></td>
</tr>
</tbody>
</table>

Unfortunately, Virginia’s BH programs do not produce enough new graduates in the BH professions to maintain even the current inadequate supply, let alone address the tremendous growth in demand.

### BH Professional Type

<table>
<thead>
<tr>
<th>BH Professional Type</th>
<th>Current Virginia Workforce</th>
<th>Current Virginia Workforce Age 55+</th>
<th>ESTIMATED # Graduates Becoming Licensed/Yr. in Virginia*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>1109</td>
<td>677 (61%)</td>
<td>26</td>
</tr>
<tr>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>544</td>
<td>212 (39%)</td>
<td>47</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist</td>
<td>2860</td>
<td>1030 (36%)</td>
<td>82</td>
</tr>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>6304</td>
<td>2333 (37%)</td>
<td>194</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>5812</td>
<td>1860 (32%)</td>
<td>224</td>
</tr>
</tbody>
</table>

*Estimates for LCPs, LCSWs, LPCs and Psych NPs use 5-year averages for the number of graduates from Virginia universities plus licensure exam pass rates for those schools. There is no data from Old Dominion University, since its first cohort started in 2021 and there are no graduates yet. Estimates for Psychiatrists are based on the average pass rate of 80% for the national psychiatry licensure exam.

One cause of the shortage of LCSWs and LPCs is that graduating with a Masters degree does not immediately result in the ability to take a licensure exam. Master’s graduates in counseling and social work must complete a significant number of supervised clinical hours before they are eligible to take their licensure exam (3400 and 3000 hours, respectively, over a limited time period).

Many of these pre-licensees must pay for this supervision themselves at an average rate of $100/hour ($20,000 for counselors and $10,000 for social workers). As a result, not all who graduate with a Masters degree in these professions become licensed. Given the low salaries available to these pre-licenses ($42,000 - $47,000/year) and the high student debt
load they carry, many cannot run the financial gauntlet of paying for the required supervisory hours.

<table>
<thead>
<tr>
<th>BH Professional Type</th>
<th>% of All Carrying Educational Debt</th>
<th>% ≤ Age 40 Carrying Educational Debt</th>
<th>Median Educational Debt Range for All</th>
<th>Median Salary Range for All</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCSW</td>
<td>39%</td>
<td>65%</td>
<td>$50K - $60K</td>
<td>$60K - $70K</td>
</tr>
<tr>
<td>LPC</td>
<td>49%</td>
<td>67%</td>
<td>$80K - $90K</td>
<td>$60K - $70K</td>
</tr>
</tbody>
</table>

Multiple Strategies are Needed to Make Virginia Whole

There are multiple strategies to address Virginia’s significant shortage of BH professionals. It will likely require all or most of them to be successful. It will also take a number of years to see the results. As such, time is of the essence.

Several immediate strategies include:

- **Virginia’s participation in Interstate Compacts for each licensed BH professional.** This would enable licensed BH professionals from other Compact states to practice in the Commonwealth. The *most productive Compacts provide full reciprocity of licensure.*
  - Legislation authorizing Virginia’s participation in a Compact for Licensed Professional Counselors is likely to be considered during the 2022 General Assembly session. It will provide for reciprocity.
  - Legislation approving Virginia’s participation in a Compact for Licensed Clinical Psychologists passed in 2020. While it is helpful, it only allows LCPs from other states to provide services in Virginia via telehealth. Given broadband access issues in most of Virginia’s mental health professional shortage areas, this approach provides limited relief.
  - A Compact for Licensed Clinical Social Workers, which would include reciprocity, is currently under development at the national level and will likely be ready for the General Assembly’s consideration in the next few years.

- **State funding for more psychiatric residencies and Fellowships** for Child and Adolescent Psychiatrists. The data cannot be ignored. Virginia currently has a dearth of Psychiatrists and 677 of them (61%) are at or near retirement age (55 years or older). Virginia’s psychiatric residency programs graduate only about 32 residents a year, combined. The small number of Child and Adolescent Psychiatrists in Virginia is particularly concerning, especially with recent reports of the traumas high numbers of children are experiencing as a result of the pandemic.

- **State payment for the clinical supervision required for licensure of Masters-prepared social workers and counselors.** A pilot program would determine the efficacy of paying these fees for pre-licensees who practice in MHPSAs or of whom there is a disproportionately low number (*e.g.*, bilingual, people of color). It would also
have the immediate benefit of immediately adding more therapists in the field to help address the tremendous current demand for services.

Longer term strategies are needed, as well. These include working with the State Council on Higher Education of Virginia and Virginia’s BH graduate programs to produce more of each type of licensed BH professional and prioritizing the state’s MHPSAs for last-mile broadband development.

The maxim, “That which gets measured gets done” is true, as long as there are leaders paying attention to the data generated, using it to inform or tweak strategies and keeping all key partners focused on the ultimate goal. To that end, a regular assessment of the capacity of the Commonwealth’s BH workforce shared with state legislative and executive branch leaders (possibly every 3 years) would add value.

Conclusion
The Commonwealth of Virginia is a “can do” state. It has succeeded each time its leaders have focused on elevating the state’s performance or rankings. Evidence of this includes, but is not limited to, the state’s best for business and education rankings, STEM initiatives and development of the Port of Virginia. There has also been progress in addressing some of the challenges in the state’s public mental health system via STEP Virginia and Project BRAVO.

While the shortage of BH professionals is not a new problem, the severity of the shortage is. The onslaught of mental health conditions and angst caused by the pandemic and subsequent events have affected a significant percentage of Virginians. They come from all demographics, political affiliations and parts of the Commonwealth.

Many of the conditions for which demand has risen so dramatically are depression, anxiety, panic disorder, and PTSD. There are multiple types of venues where Virginians can seek the mental health services they need. Unfortunately, the shortage of licensed BH professionals exists in all types of practice venues – public and private – and, throughout the state.

No single initiative can address this shortage. The multi-dimensionality of solutions and strategies requires cross-sector engagement, focus, and investments of time, money and attention targeted to solutions which will produce measurable results.
Assessment Sources and Methodology

Data were gathered and analyzed from a variety of state and national sources to provide a comprehensive picture of Virginia’s licensed BH workforce and related factors. Additional information and insights came from interviews with leaders of the associations of the BH professionals licensed by the state and leaders of Virginia’s BH graduate programs.

Key sources and methods used for the data found in the Assessment follow:

- Demographic data (age, race and ethnicity, educational debt) about LCPs, LCSWs and LPCs were found in the 2020 Profession reports prepared by the Health Care Workforce Data Center (HWDC) at the Virginia Department of Health Professions (DHP). These data are gathered from licensees via a survey completed at annual license renewal. Most licensees complete at least part of the survey, with the majority (70% - 85%) responding to personal demographic and employment-related questions (organization type, number of patients per week, FTE).

- The number of Psychiatrists and Psych NPs by locality were developed by matching license data from Virginia Interactive with individual clinician records from the National Provider Identifier registry, which provides individual practice sites. Data regarding the FTEs of LCPs, LCSWs and LPCs by locality were determined by the HWDC. VHCF hired an expert in geo-spatial analysis and technology to map those data.

- The number of individuals completing BH graduate programs (psychology, social work, counseling) from 2015–2019 was provided by the data centers at the Virginia universities that house those programs. Data for Psych NP and Psychiatric residency graduates were obtained from Virginia’s schools of nursing and medicine, respectively. Graduation data for 2020 is not yet available from all schools.

- The estimates of the number of new licensed professionals joining Virginia’s workforce annually per each BH profession were determined by applying the licensure exam pass rate from each Virginia school to its graduation data, except for Psychiatry, for which the average national pass rate was used.

- Locality-level outcomes data were obtained from the Behavioral Risk Factor Surveillance System, which is sponsored by the Centers for Disease Control, and from the Office of Virginia’s Chief Medical Examiner. VHCF compared the outcomes data for localities with ≤ 1 prescriber and/or therapist to data for Virginia, overall, to determine whether BH outcomes were poorer in those communities.

- U.S. Census data (2015 – 2019) were consulted to determine the Virginia localities with significant portions of households lacking broadband services. These localities were compared to the MHPSAs to determine how many localities with few or no BH professionals are the same localities where high numbers of households do not have broadband services and likely little, if any, access to tele-mental health services.
About the Virginia Health Care Foundation

VHCF is a public/private partnership initiated in 1992 by Virginia’s General Assembly and its Joint Commission on Health Care. Its mission is to increase access to primary health care for uninsured and medically underserved Virginians.

VHCF aligns its work with state priorities, complementing state efforts where appropriate, and identifying and addressing gaps in health access where they exist. The Foundation practices venture philanthropy. It is always looking for opportunities to partner with organizations, companies, individuals, and key funding partners to leverage its limited resources and maximize the availability of services for uninsured and medically underserved Virginians.

VHCF has focused on increasing access to basic mental health services, particularly for uninsured and underserved Virginians, since 2009. It has invested nearly $10 million to make licensed BH professionals, tele-mental health services and BH best practices, such as integrated and trauma-informed care, available to organizations throughout the Commonwealth.

The tremendous need for mental health services caused by the COVID-19 pandemic and its many ripple effects has led the Foundation to make the increased availability of basic mental health services for all Virginians an even greater priority. This assessment is a critical component of the Foundation’s enhanced focus on BH and will help guide future VHCF initiatives and investments.

For more information, please contact
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Denise Daly Konrad, Director of Strategic Initiatives: dkonrad@vhcf.org.

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