# Children's Behavioral Health Workforce Characteristics: A Statewide Study

## Blue Cross Blue Shield of Massachusetts Foundation Workforce Survey

## Purpose of the Project

- Develop an estimate of need for children's mental health services in Massachusetts
- Assess the capacity for child and family mental health service delivery among licensed providers
- Identify variation in capacity to meet the mental health needs of children and families
- Document challenges to meeting current demand for services

## Methodology

Three components:

1. Targeted literature review
2. Key informant and stakeholder interviews
3. Mail and web survey of licensed mental health professionals in Massachusetts

- Prescriber Survey
  - Tailored for Psychiatrists and Clinical Nurse Specialists
  - Sampled the universe of providers
- Non-prescriber Survey
  - Tailored for Psychologists, Mental Health Counselors, Marriage and Family Therapists, and Social Workers
  - Random sample, adjusted by provider presence in six regions

### Response Rate

| Provider Type | Surveys Returned | Response Rate |
|---|---|---|
| Prescriber | 521 | 16% |
| Non-prescriber | 1461 | 21% |
| ***Total*** | **1982** | **19%** |

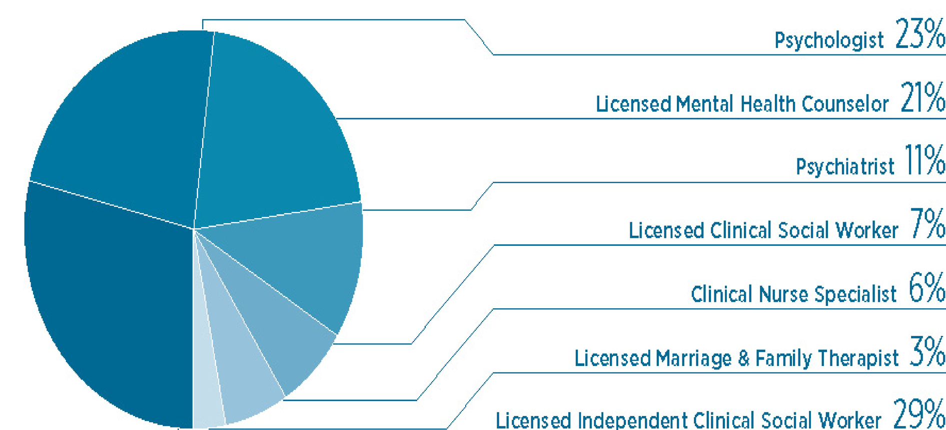
## Supply of Child Providers

### Criteria for Child Provider:

Clinicians who report serving a case load of at least 10% children and adolescents (ages 0-21)

- 735 (37%) respondents meet this threshold
- 466 (63%) of the 735 child providers have caseloads >50% of children and adolescents

Composition of Child Provider Sample (N=735)




### Demographics

Combined, prescribers and non-prescribers are:

- 72% female
- 45% over the age of 55
- 94% white

95% serve English speaking caseloads

## Demand: Need for Services

### Racial and Linguistic Characteristics of MA Children differ from those of practitioners

- Statewide, 25% of children are non-white
  - Boston region: 50% of children are Black or Hispanic
  - Northeast and Western Mass.: 17% and 18% Hispanic
- Linguistic diversity (2008-09 school year):
  - 14% of children (135,685) enrolled in schools did not speak English as their first language
  - 6% of children (53,289) enrolled in schools have limited English proficiency

## Supply: Workforce Capacity

### Most Providers Report **Openings**

Availability varies by geography and provider type

| Open Slots | Prescriber | | Non-prescriber | | Total |
|---|---|---|---|---|---|
| | Psychiatrist | CNS | Psychologist | LICSW/ LMFT/LMHC | |
| Full, I maintain a waitlist | 56% | 33% | 36% | 20% | 32% |
| 1 to 2 slots open | 25% | 33% | 43% | 42% | 39% |
| 3 to 5 slots open | 7% | 20% | 11% | 16% | 13% |
| Can almost always accept new clients | 12% | 13% | 10% | 22% | 16% |
| Total | 100% | 100% | 100% | 100% | 100% |

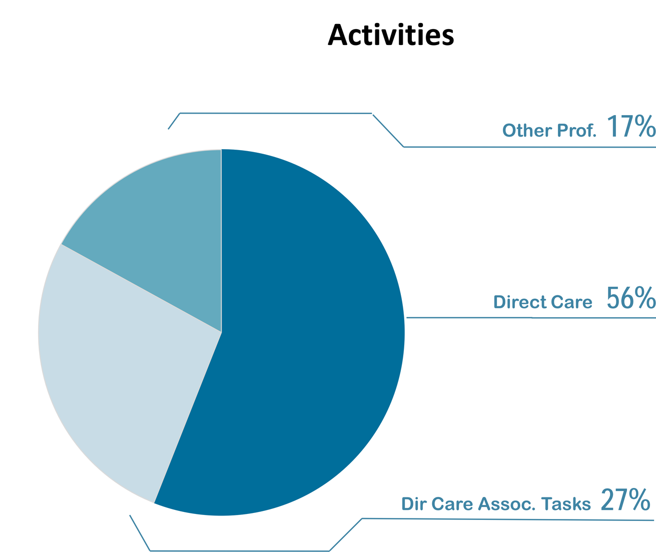
- Psychiatrists have the highest rate of full practices statewide
- Western Mass has the most full prescribing practices, Metro has the least
- Central Mass has the most full non-prescribing practices, Metro has the least

### Evening and Weekend Hours

Virtually all providers (98%) report working weekend or evening hours

## Workforce Dynamics

### How Providers Report Spending Time




On average, providers spend 24 hours per week on direct care

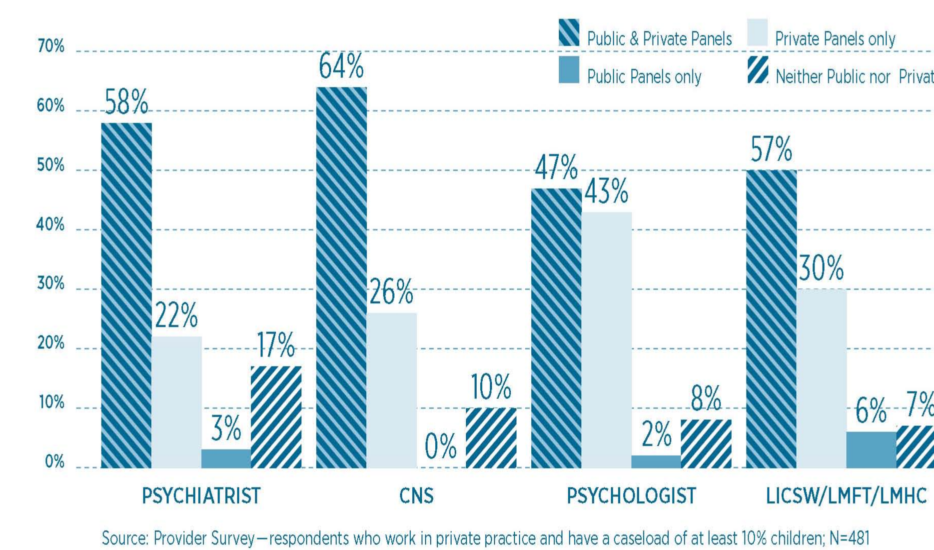
## Workforce Dynamics, cont.

### Clinicians report multiple employers

- Private practice: 70% of psychologists and 40% to 50% of others
- Community mental health centers or clinics: T7 % of psychologists and 20% to 30% of others
- Hospitals: 8% to 13% of prescribers
- Schools: 8% to 11% of psychologists and masters level clinicians

### Some Private Practices Don't Accept Any Insurance

Insurance Participation




### Disincentives to Panel Participation

At least 20% of child providers identified the following disincentives to panel participation:

- Administrative burden\
  - Excessive paperwork
  - Difficult authorization process
  - Burdensome application process
  - Unnecessary oversight
- Lack of compensation for necessary collateral work
- Low rates of payment

### Many child providers plan to leave the field or the state

54% of children's mental health providers plan to leave the state or leave direct care in the next five years

| Plans For Next Five Years by Age Group | Prescriber | | Non-prescriber | | | Total |
|---|---|---|---|---|---|---|
| | Psychiatrist | CNS | Psychologist | LICSW/ LMFT/LMHC | LCSW | |
| Age: Less than 35 | 50% | 0% | 67% | 46% | 37% | 43% |
| Age: 35 to 54 | 54% | 41% | 50% | 52% | 54% | 51% |
| Age: 55-65 | 50% | 44% | 64% | 62% | 67% | 60% |
| Age: Over 65 | 74% | 40% | 70% | 57% | 50% | 64% |
| **Total: All Ages** | **56%** | **39%** | **58%** | **54%** | **44%** | **54%** |

Percentage of respondents who plan to leave the state or leave direct care in the next five years

Source: Provider Survey - respondents with a caseload of at least 10 % children; N=705

- Workforce replacement rates (new licenses) fall far short of the anticipated loss of providers
  - Rates of entry over 5 years are roughly one half the rates of planned departure

## Workforce Dynamics, cont.

### Strategies for Improving Provider Satisfaction

- Financial support for collateral work (57%)
  - Child providers spend between 7% and 12% of their time on unreimbursed collateral, more than adult providers
  - Time spent on unreimbursed collateral increases with the proportion of children and adolescents on providers' caseloads
- Higher pay (55%)
- Decrease in administrative demands (30%)
- Receiving relevant training and supervision (17%)

### Limited Opportunities to Recruit Adult Providers to Work with Children

Strategies to increase likelihood that providers currently treating adults will work with children:

- Nothing (don't wish to treat children) (67%)
- Receiving relevant training and supervision (19%)
- Financial support for collateral work (16%)
- Reduction of risk/liability (9%)
- Higher pay (7%)

## Conclusions

- Many factors affect the adequacy of and access to needed mental health services by children and families.
- The health system involves a wide variety of different insurers and health plans in which not all providers participate
- A relatively large number of professionals do not participate in public health plans where prevalence of mental illness is known to be higher
- There is a paucity of data on the racial/ethnic composition, and linguistic and cultural competency of the workforce

## Recommendations

### Address perceived shortage of child prescribers

- Encourage public and commercial health plans to work with psychiatrists to refine payment rates/models and administrative processes to incentivize psychiatrists to participate on insurance panels
- Explore opportunities to provide or support training and supervision to prepare clinical nurse specialists to serve children

### Improve ability to match the "right" provider for a child

- Identify options for increasing the number and capacity of providers available to treat ethnically and linguistically diverse children and their families in Massachusetts
- Provide better information to families and other referral sources to aid them in the search process via a statewide information system that includes the participation of all mental health disciplines

## Recommendations, cont.

### Improve information about mental health workforce

- Encourage licensing bodies to collect more detailed information to assist with ongoing oversight and capacity assessment regarding race, ethnicity, language, and geographic service area of workforce
- Establish better coordination between the Mental Health Authority, Medicaid, and licensing bodies to develop coordinated strategies to address identified workforce issues
- Develop approaches to track mental health access, capacity, and demand routinely across the state, perhaps as part of the regular planning done by Mental Health Authorities

### Stem exits from workforce

- Analyze potential payment mechanisms and models to compensate providers for care coordination inherent in children's mental health care
- Consider expanding existing loan forgiveness to include a broader range of licensed mental health professionals
- Forge partnerships between commercial and public payers, professional and trade associations to decrease administrative burden

### Maintain and strengthen training opportunities

- Strengthen the internship system financially and programmatically
- Remove barriers to billing for services provided by well-supervised interns in approved programs
- Enhance professional training programs by collaborating with internship providers to develop training that better prepares students to:
  - Provide evidence-based services
  - Meet the needs of Massachusetts' diverse communities
  - Meet the changing needs of the mental health system

## Acknowledgements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### Coauthors

Karen Linkins
Jessica Boehm
Allison Oelschlaeger

Richard H. Dougherty
Wendy Holt

For the full Report please visit
Accessing Children's Mental Health Services in Massachusetts: Workforce Capacity Assessment
http://bluecrossfoundation.org/~/media/Files/Publications/Policy%20Publications/091029CBHReportForWeb.pdf