

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:

- Targeted literature review
- Key informant and stakeholder interviews
- 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%

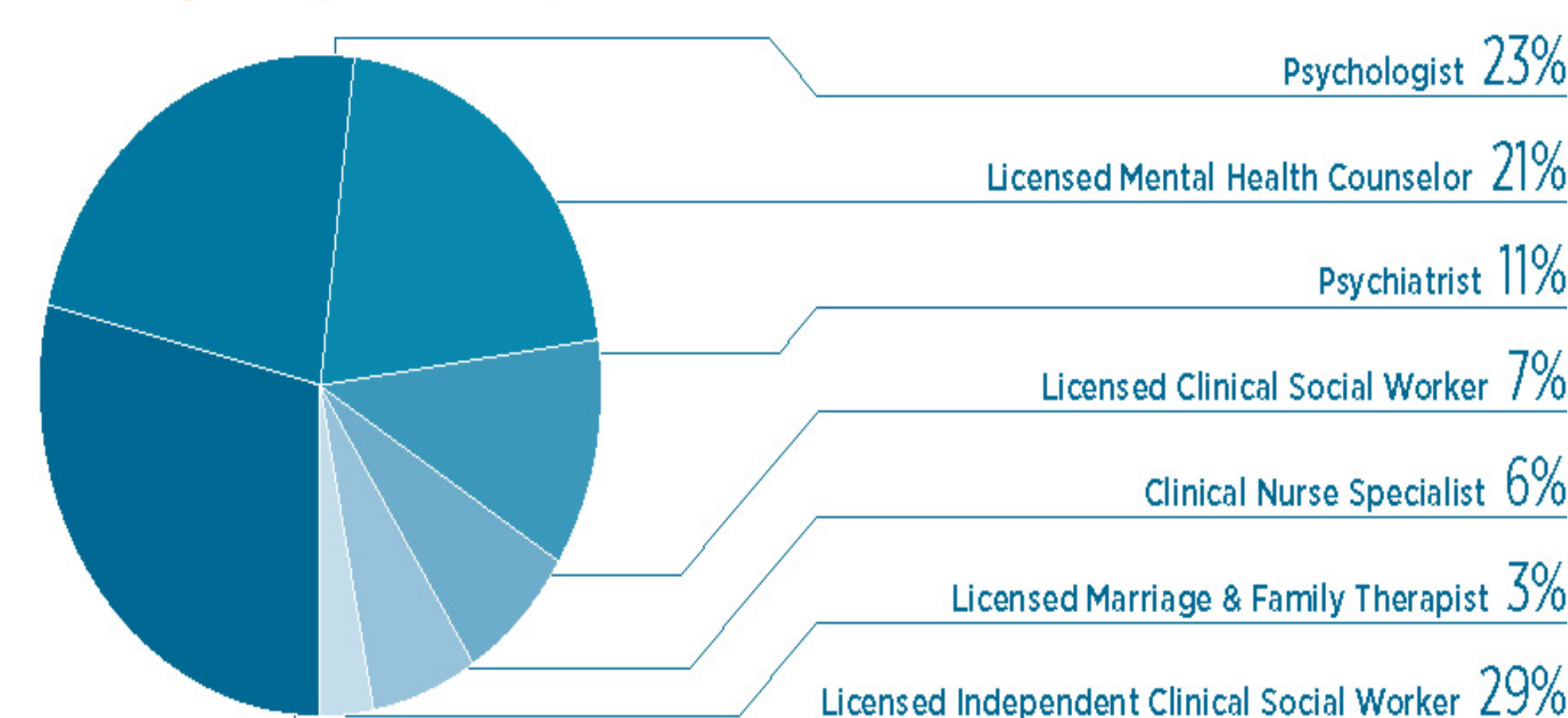
Supply of Child Providers

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, 1 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%

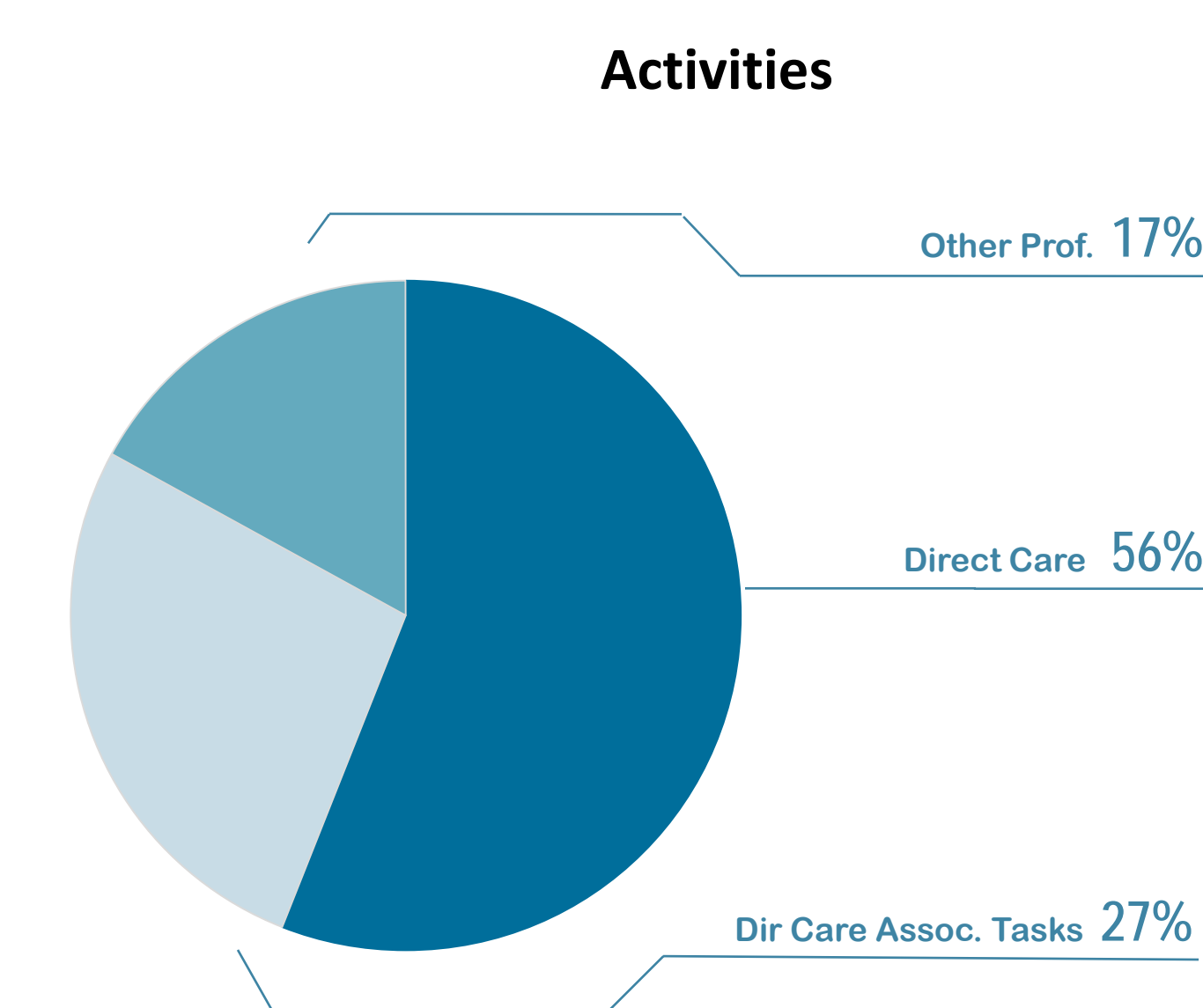
- Psychiatrists have the highest rate of full practices statewide
- Western Mass has the most full prescribing practices, Metro has the least
- Central Mass has the most full non-prescribing practices, Metro has the least

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

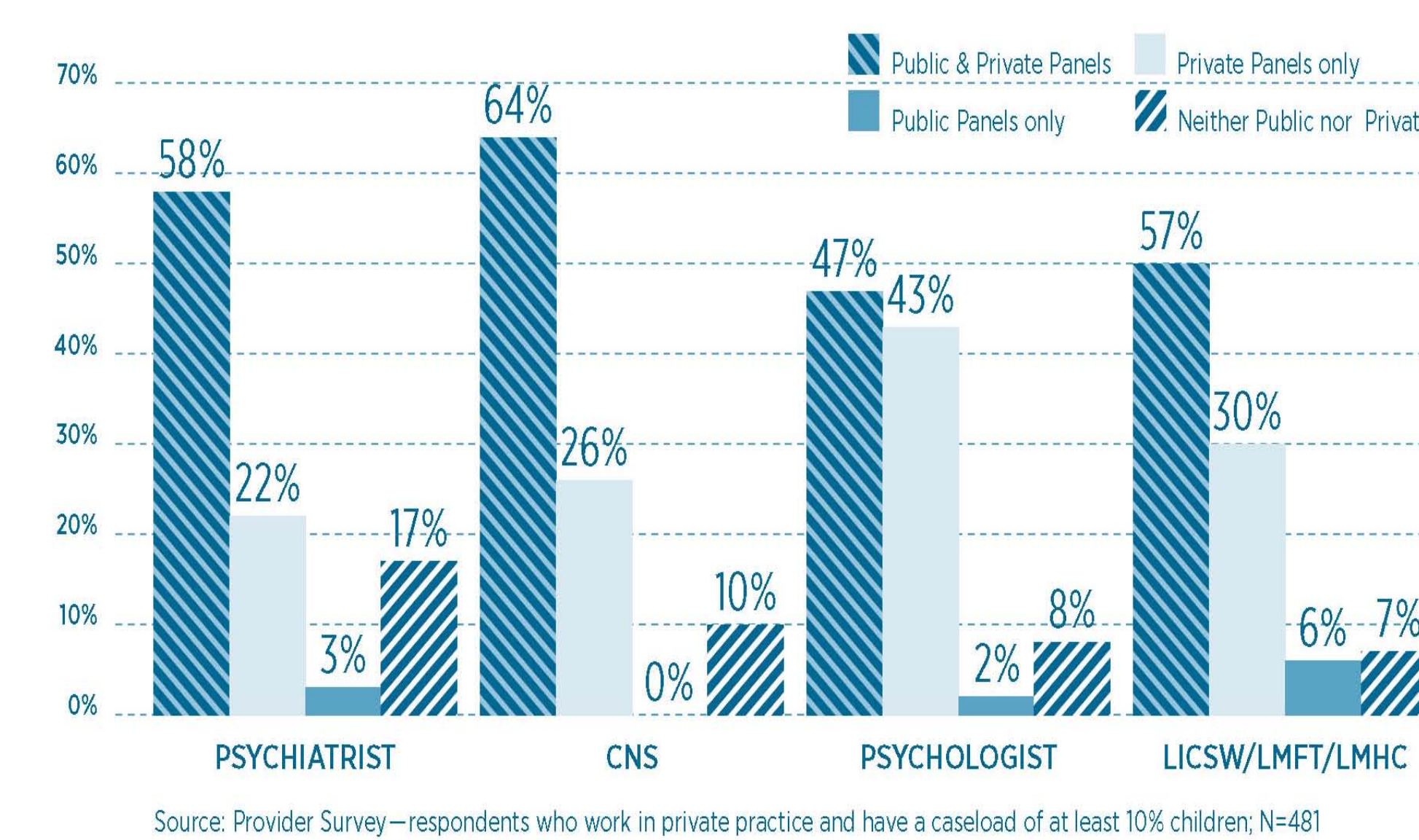
Workforce Dynamics, cont.

Clinicians report multiple employers

- Private practice: 70% of psychologists and 40% of 50% of others
- Community mental health centers or clinics: 77% 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	Percentage of respondents who plan to leave the state or leave direct care in the next five years					Total
	Prescriber	Non-prescriber				
	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%

- 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

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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>