Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

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Mental Health and Disabilities Workforce Workgroup
Final Report
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Overview

The Iowa 2012 General Assembly charged the Iowa Department of Public Health (IDPH) with creating a mental health and disabilities group to make workforce recommendations in support of services to Iowans (2012 Iowa Acts, Chapter 1120, Section 24). The effort is complementary to the Department of Human Services (DHS) Mental Health Redesign Initiative that has been underway since 2010.

Workforce supply is a critical element of service capacity. The Mental Health and Disabilities Workforce Workgroup met over eight months to hear from providers and other stakeholders involved in the mental health and disability communities to address potential deficits and needs of the available and anticipated workforce. Because licensed professionals are the necessary base for the service delivery system, and because they often have lengthy education and training processes that precede their joining the workforce, the Workgroup chose to focus discussion on licensed professionals. Though the focus was on licensed professionals, it was clearly understood that non-licensed staff, peer advocates and direct care workers are important members of the mental health and disability team.

A progress report was submitted to the legislature on December 13, 2012 and is available by clicking here. The Workgroup continued its deliberations in the spring and summer of 2013 and present the following recommendations for consideration.

Mental Health and Disabilities Workforce Workgroup Recommendations

The Workgroup was very appreciative of all of the individuals who took time to come to meetings and to provide their input into the following recommendations.

Recommendation 1: Improve the mental health and disabilities training of primary care doctors and other primary care providers

Although we typically think of physicians in mental health as being psychiatrists, there are also primary care providers such as family practitioners, internists and pediatricians. These professionals can also be part of the mental health and disability team and have prescribing authority.

The state of Iowa is experiencing a nearly statewide mental health provider shortage designation. Therefore, a network of services is needed to meet the needs of citizens. A key element of that network is the primary care provider who would serve as an early diagnosis screening referral for specialty services, and ongoing therapeutic management with assistance as desired. Enhancing the role of physicians, in addition to psychiatrists, will require improved training curricula and continuous medical education related to the identification and early diagnosis of mental health and substance use disorders, as well as monitoring and case management for patients with mental illness and disability.

With a team-based approach and the assistance of other mental health professionals, either directly in the same facility or through telemedicine, it is possible to alleviate some of the reticence to provide mental health services in the primary care setting.

Recommendation 2: Develop a systems approach and incent the use of a team to improve treatment services, monitoring and case management of those with mental illness, co-occurring chronic illness, and those with co-morbid mental health and substance use disorders.

Work should be done to identify the makeup of the optimal team to provide services to a catchment population with support of preventive, early diagnosis, treatment, and monitoring for persons with mental health and disabilities health issues. A wide range of providers with variable licenses or other credentials and specializations are practicing within Iowa's legal authority. Many of these licenses overlap in their scope of practice and some license limitations may inhibit access to the types of services necessary for optimal treatment, particularly in shortage or rural areas of Iowa.

Assessing the statewide mental health and disabilities needs is a first step to development of a statewide service system for prevention and treatment services that meets the needs of all citizens. Special populations should also be targeted for critical core services that manage their ongoing acute and chronic diseases. Integration of systems of service and care with education, justice, and health organizations is important for the variations in acute, crisis and chronic disease management services.

An incentive program to train, recruit and retain those core team providers should be implemented. This could include expansion of successful recruitment programs such as the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Program, the various state loan repayment programs, and

coordination of National Health Service Corps placements or scholarship programs. Colleges and universities should be made aware of the team approach and provider skill sets most necessary to meet population needs and encouraged to partner in development of team treatment models and production of curriculum components for primary care providers.

Community models for direct support (e.g. family support, peer support) are being implemented and studied for efficacy and efficiency and identification of the appropriate educational preparation for this level of workforce. Family and friends who offer support in early stages of illness may burn out or move away over the long term due to the chronic nature of these illnesses. Education and training for committed individual support systems has been shown to decrease the isolation of individuals with high care needs. Once the mental health regions are established, a community support model that provides social integration, employment, and supervision for a subset of the population with mental illness or limiting disabilities will be implemented and may require further education for the direct care workforce.

Recommendation 3. Review licensing and credentialing eligibility criteria for adequate and efficient production of a workforce that meets Iowa's provider needs

Professional license to practice is granted by the state following credible educational preparation, a comprehensive examination, and compliance with eligibility criteria. The development of these criteria in licensing code has expanded over the decades. The high cost of education, coupled with the low reimbursements has created severe and profound shortages across the state and is especially impactful in rural areas. Inequities across and between professional licensing categories are wide and limiting. Credentialing and eligibility criteria may be unfounded. Intern and residency requirements, while valuable and mandated, may serve to drive educated providers out of state (limiting Iowa recruitments) or cause the student to forgo the residency not allowing their practice at a higher professional level. A statewide licensing policy review is warranted to assess the provider production designed to meet population needs.

There is some evidence that individuals prepared at higher professional levels are accepting entry level positions because that is all that is available. Most frequently we see master's level social workers filling a bachelor's level position or an advanced nurse practitioner filling a psychiatric nursing position. This level of mismatch should be explored to identify the opportunities for better preparation to position matches in the state's provider systems.

Provider credentialing, licensing, or certification can be seen as a barrier to employment in the field, but also can support public safety and the quality of patient services and care. In addition, licensed professionals at the higher levels of preparation may find themselves with administrative duties that take them from their treatment focus. An evaluation of the efficiency opportunities that could be ascertained by a systems review could be beneficial. Integrated practices could enjoy some system efficiencies that would be cost effective.

The Workgroup determined that there are needs for an additional psychiatric residency training program and another psychiatric advanced registered nurse practitioner program. The current licensing requirement for an additional year of supervision for psychologists creates a barrier to entry for new professionals and should also be reviewed for changes. There are also supervisory requirements of the licensed independent social workers that can be addressed to facilitate the creation of more licensed independent social workers in the active workforce.

Recommendation 4. Plan immediately for provider service needs over the next 20 years

It takes more than a decade to prepare a psychiatrist for licensing and practice. Currently 89 of Iowa's 99 counties are a health manpower shortage area for psychiatrists. Additionally, over 50 percent of the current Iowa mental health and disabilities workforce is over 55 years of age and will be expected to retire in the next decade. Iowa would need to double its current workforce to meet current needs. However, only a handful of these high level professionals are produced by or recruited into the state each year. It will not be possible to meet future anticipated demand as the population ages and more neurological or dementing conditions occur.

Advanced practice nurses and licensed independent social workers are required to complete seven to ten years of preparation in their fields. In these fields approximately 53% and 50% of the providers, respectively, are over 50 years of age. Production of these specialists is also limited and will not meet the demand created from retirements. The added challenge is that the oldest components of the workforce are the professors and educators who are critical to the production of new professionals. Anecdotal evidence suggests that some schools currently limit applications based on their available funding for educators.

Across all provider categories, wide disparities occur across urban and rural geographic settings. It is common for the demand to be greater than the funding that is available, for providers seeking loan

repayment for locating in high need areas. Expanding state allocations for this successful recruitment and retention tool (PRIMECARRE) would benefit local service provision.

The Workgroup strongly encourages consideration for additional loan repayment programs for psychiatrists, psychiatric ARNPs, and psychologists. An additional strategy could be for the mental health redesign regions to create shared funding of a position. The community may be able to provide some funding for the salary of a licensed professional for this strategy.

Telemedicine or telepsychiatry also offers the opportunity to place more providers in rural locations. However, it would need to be more than a simple videoconferencing approach. Instead, a systems approach is appropriate that can involve multiple family members and multiple team members within the community to facilitate care coordination and communication across all team members.

Recommendation 5. Identify and implement strategies to fix system problems that inhibit production of needed providers

Create a state systems approach that builds an integrated team approach to services that address population needs. This larger systems approach should address care gaps and the inadequate production of professionals to meet system needs. The components of a team necessary to meet population needs should be created in a way that minimizes the stress of overlapping scopes of practice competition of professional groupings to focus on providing the needed services for the whole geographic population being served. Regional or local provider team development should be guided by statewide needs assessments and practice reviews that identify the makeup that best serve the population needs.

Support the implementation of medical homes, care coordination, and electronic medical records to facilitate team handoffs, transitions, and care planning. Evaluate the impact of the systems, the team effectiveness as well as the patient care in an ongoing process.

Allow and fund supervision expenses for professional internships and residencies to be part of administrative expenses to allow health entities to support these experiences in their environments. Encourage professional commitment to preparing the next generation of providers. Expand Iowa residency programs and opportunities to draw more providers to local environments and enhancing the possibility of their recruitment.

Psychiatric rehabilitation services should incorporate materials and approaches for that proportion of the population with co-morbidities – that is, both mental health and substance use disorders. These curriculum adjustments should be targeted for that special audience.

Licensed Mental Health and Disabilities Workforce Preparation Grid: Appendix I

Providers	Entry Training Postgraduate Years	Education Details	Iowa Schools	Cost Educational Debt (aver.)	License Certification	Average Salary	Notes
Psychiatrist							
	4 years + 4 year to medical degree, 1 year internship, 3-4 years of residency	*12-13 years to complete training *Limited Iowa Residencies	University of Iowa, Des Moines University	$130,000-$200,000	Multi-part licensure exam Annual CMEs Have prescriptive authority	$100,000	*Iowa ranks 47th in the nation (supply) *89 IA Co. are HPSAs *237 in practice (35 are child psychiatrists) with about 150 in private practice. *55% are over 50 years old
Psychologist							
	4 years + 5 years + 1 year of internship 1 year or minimum of 1500 hours of supervised professional experience	*11 years to complete training *few internship slots+	*PhD programs at U of IA and at ISU *School admissions limited to 7-10 students/year	$80,000-$120,000	License -- Exam and one year of postdoctoral work that is individually supervised	*$24,218 (internship salary)	*Iowa ranks 46th in the nation for supply with 564 licensed in Iowa and 83 with out of state licenses. *In 2010, 53% of Iowa psychologists were age 55 or older
Registered Nurse (specialty)							
RN, BSN, MSN – while the mental health workforce typically looks at those providers with special preparation for their roles, with nurses those who have not specialized are found in care positions in hospitals, mental health clinics and in the community in multiple supportive roles.							
ARNP Psych-MH	4 years undergraduate + 2 years masters + 2 years for doctoral degree. Clinical experience and job shadowing required Licensing exam	*8 years to complete the training	* Five programs prepare the ARNP but only two offer doctoral in psych/MH specialty * the U of IA and at Allen College in Waterloo	$41,000 undergrad $ 75,000 graduate *cost is approx.$4,000 per semester or about	Licensing exam 5 YEAR CEU cycle Nat'l Certification Required Has prescriptive authority	$50-60,000	*of the 1459 ARNPs licensed in Iowa *96 are specialized as Psych – Mental Health. *50% of all ARNPs are over 55 years of age and for teachers and professors that is higher. * Psych ARNPs incorporated lifespan treatment

Providers	Entry Training Postgraduate Years	Education Details	Iowa Schools	Cost Educational Debt (aver.)	License Certification	Average Salary	Notes
Social Worker							
BSW	4 years		2 pub., 9 private programs	$28,704 (IA Average)	Test for License 27 hours CEUs	$38,000	Hiring MSW for BSW jobs
LMSW	4 undergraduate + 2 years for masters		3 programs	$33,575	Test for License 27 hours CEUs	$42,000 National Average	Cost of education up 200% in last few years
LISW	2 –year PhD. Supr. In practice setting	Supervision sites hard to find	Scope of practice & Ethics courses		Test for License 27 hours CEUs	$38,000 to $48,000	Can provide counseling
Physician Assistant							
PA -psych	4- year undergraduate degree 27 months + clinical rotations	2000 hours Clinical Rotations	U of IA Des Moines U		Exam Has prescriptive authority	$50 – 60,000	Of 717 in Iowa less than 50 have a mental health specialty area

Information from the December 2012 Interim Report from the Workforce Workgroup (IDPH) and the 9-30-11 Workforce Data in Iowa sheet prepared by the Dept. of Human Services after consultation with Iowa Board of Nursing, Iowa Dept. of Public Health, Bureau of Professional Licensure, Iowa Board of Medical Examiners, Iowa District Care Advisory Council Interim Report to Governor and General Assembly 2011

- Preceptor issues – payment of supervisors or preceptors is an issue in nursing and reimbursement for supervisor's time is an issue in social work. Essentially while the supervisors take time from billable patient visits to do the supervision, then that becomes unpaid and unbillable clinic time. The clinic is not allowed to add that cost to overhead adjustments. In some circumstances this prohibits finding sites for supervised practice required to license and if the clinic supports this education, it could harm revenue streams and sustainability.
- For social work and somewhat for nursing the Doctoral degree is professorial and educational level – focusing on teaching.
- Residency programs for any providers can be difficult to arrange/find. This may drive professionals completing their education out of the state for this final graduation/licensing requirement. Since we know that graduates most often accept positions where they did their residency – this means a decrease in the graduates we can recruit and retain in Iowa.
- While these roles represent the licensed providers a whole collection of supportive services providers exist and needs to be recognized as part of a care team necessary for stabilized families, communities and transitions among care providers. These include direct care workers, peer specialists, family support specialist, drug and alcohol counselors, rehab specialists, school mental health workers, and co-occurring disorders specialists.

State Mental Health Workforce Workgroup

11-5-12

Workgroup Member Name	√	Representation	Mailing Address	Phone Numbers	Email Address	Appointment Providence
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Mental health and Disability Services Workforce Advisory Council						
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Mental health and Disability Services Workforce Advisory Council						
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Mental health and Disability Services Workforce Advisory Council						
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Dr. Michael Flaum	√	Clinical Professor, University of Iowa School of Medicine	University of Iowa Hospitals and Clinics 200 Hawkins Drive Iowa City, IA 52242	319 353 4340	michael-flaum@uiowa.edu	Psychiatrist Strategies to address psychiatric workforce shortage
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Interested Parties

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Ron Askland		Horizons Unlimited	3826 460th Ave P.O. Box 567 Emmetsburg, IA 50536	712-852-2211	ronaskland@horizons-unlimited.net	Nom. By Center for Disabilities and Development
Kelli. Soyer		Executive Director National Association of Social Workers, Iowa Chapter	1620 Pleasant Street, Suite 212 Des Moines, IA 50314	515-277-1117	exec@iowanasw.org	NASW 60% of MH counseling
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