

Gearing Up for Action: Mental Health Workforce Plan for Minnesota

Report to the Minnesota Legislature January 2015

EXECUTIVE SUMMARY

This report grew out of a concern for the ability of Minnesota's mental health workforce to adequately meet the needs of its citizens, now and in the coming years. With the implementation of the Affordable Care Act and mental health parity regulations, the demand for mental health care will increase and the system will become even more strained. The demand for mental health providers will also be exacerbated by the combined challenges of an aging mental health workforce, ongoing discrimination associated with mental illnesses, low wages, increasing regulations and the costs of education and training. These challenges are even more pronounced for diverse communities and for those living in rural parts of the state.

PURPOSE

In the spring of 2013 legislation (SF 1236) was enacted requiring Minnesota State Colleges and Universities (MnSCU) to hold a mental health summit and to write a state workforce plan.

The Minnesota State Colleges and Universities (MnSCU) will convene a summit involving the Department of Human Services, MnSCU, U of M, private colleges, mental health professionals, special education representatives, child and adult mental health advocates and providers, and community mental health centers. The purpose will be:

- to develop a comprehensive plan to increase the number of qualified people working at all levels of our mental health system,
- ensure appropriate coursework and training and
- create a more culturally diverse mental health workforce.

The plan must be submitted to the legislature by January 15, 2015.

Mental Health Workforce Steering Committee

Minnesota State Colleges and Universities (MnSCU) has eight Centers of Excellence with industry sector responsibilities.

HealthForce Minnesota, the Center of Excellence in healthcare, was charged with leading the implementation of this legislation on behalf of the MnSCU system. Working with the primary sponsors of the legislation, HealthForce Minnesota established a Steering Committee of mental health workforce stakeholders.

The Steering Committee met monthly to advise and assist HealthForce Minnesota staff with the approach to, and implementation of, this legislation; the data analysis needed; and the determination of recommendations. The Steering Committee looked at efforts Minnesota had made over the previous decade to address mental health workforce challenges. It also reviewed other states' mental health workforce development plans to identify best practices.

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Data

A data report that analyzes the supply of and demand for Minnesota's mental health professional workforce confirmed what providers and consumers had been noting for the previous decade. The shortage of psychiatrists and other professionals who are able to prescribe medications is critical, especially in greater Minnesota. The shortage of child mental health professionals is worse than for adult populations. Diversity among all mental health professionals is not representative of the state's diverse population. While the supply of some professions appears adequate, there are concerns for all professions about geographic distribution. Available data on the mental health workforce is limited and the available data has many limitations.

Community Forums

Recognizing that the data analysis alone would not provide a clear understanding of the mental health workforce needs throughout the state, 20 community forums and outreach meetings were held throughout Minnesota to gather information and recommendations. Over and over again, Minnesotans indicated that workforce shortages were acute and that mental health resources were scarce and, as a result, the delivery of mental health care was compromised.

Survey

To broaden the opportunity for input even more, an online survey was developed. The survey was completed by more than 500 Minnesotans. Survey respondents described problems, such as filling psychiatrist and psychiatric nurse practitioner positions (e.g. it could take more than one year to fill a position) and access (e.g., wait times for appointments could stretch to three or more months). Many respondents proposed recommendations for the state plan.

The 2014 Mental Health Summit

As required by the legislation, a Mental Health Summit was held on May 28, 2014, at Hennepin Technical College. The Summit resulted in more than 100 recommendations

aimed at increasing both the number and diversity of the mental health workforce as well as ensuring the availability, accessibility and quality of education and training of the mental health workforce.

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Recommendations fall under the general categories of:

- Recruitment
- Education and training
- Placement after program completion
- Retention
- Assessment

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For many of the attendees, the highlight was having educators and providers at the same table, crafting solutions to the challenges they face. Attendees also

heard from individuals with mental illnesses and their family members, bringing home the very reason for the Summit.

Recommendations

Utilizing all the information gathered, Minnesota's Mental Health Workforce Development Plan of 2014 was drafted and forwarded to the Steering Committee for approval. The Steering Committee approved the report's recommendations

on December 3, 2014, and the final report was submitted to MnSCU Chancellor Steven Rosenstone.

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They are listed below and are described in greater detail in the body of the state plan.

RECRUITMENT

Recommendation 1: Expose middle and high school students to mental health careers, with a particular focus on those schools with diverse student populations.

- a) Target funding to School Linked Mental Health grantees that plan to implement an activity or event (such as a career day) related to mental health careers.
- b) Expand HealthForce Minnesota Scrubs Camps to reach all regions of the state and include mental health career exploration at each camp.
- c) Investigate health career fairs/internships sponsored by other healthcare organizations to determine whether mental health career exploration is being or can be included.
- d) Investigate feasibility of running a program like the INPSYDE (Indians in Psychology Doctoral Education) Program Summer Institute, a two-week enrichment program for Native American junior and senior high school students, who are interested in pursuing a degree in psychology related disciplines, run by the University of North Dakota.
- e) Create a clearing house of culturally-specific mental health professionals willing to speak to various audiences about mental health careers, promote this resource, and make it available in a variety of formats.

Recommendation 2: Authorize funding to support Project Lead the Way's biomedical science curriculum.

Recommendation 3: Improve collection and dissemination of mental health workforce data at all levels.

EDUCATION AND TRAINING

Supervision

Recommendation 4: Ensure access to and affordability of supervisory hours. The Department of Human Services (DHS) will convene the relevant licensing boards and

stakeholders to evaluate and develop recommendations in the following areas:

- a) A process for cross-discipline certification of supervisors
- b) Common supervision certificate in education programs
- c) Internship hours counting towards licensure
- d) Practicum hours counting toward supervisory experience
- e) Creation of a supervision training institute that would provide free supervision training throughout Minnesota
- f) Consideration of tax incentives for mental health professionals' preceptorships such as those set up in Georgia

Recommendation 5: Require all third party payers/commercial insurers to reimburse in the same way that Medical Assistance does for supervision/internships so that services provided by mental health trainees, under the supervision of a mental health professional, are reimbursable by third-party payers/commercial insurance plans.

Expansion

Recommendation 6: The Minnesota Private College Council, HealthForce Minnesota, and the Office of Rural Health and Primary Care will co-convene a discussion with representatives from Minnesota's higher education institutions to assess the availability of higher-level mental health degree programs in rural areas of the state. Specific areas to be addressed include:

- a. Expansion of psychiatric nurse practitioner programs
- b. Expansion of social work and mental health programs to tribal colleges
- c. Determination of the need for new programs and curriculum development
- d. Expansion and/or better promotion of existing weekend cohort or online master's programs
- e. Evaluate how grant funds for Minnesota higher education institutions could ensure access to mental health master's programs around the state, including rural areas.

Recommendation 7: Increase by four the number of psychiatric residency and fellowship slots in Minnesota over the next two years.

Recommendation 8: Expand/replicate the Diversity Social Work Advancement Program to additional mental health disciplines (e.g. marriage and family therapists, psychologists, etc.) and practice locations.

Recommendation 9: Expand capacity to train Certified Peer Specialists and Family Peer Specialists throughout the state with a particular emphasis on recruitment from communities of color.

Education and Training

Recommendation 10: Support efforts to expand and broaden mental health telemedicine, including using the technology in training programs, grants and funding to expand telemedicine capacity throughout the state. Require commercial health plans to cover services delivered via telehealth technology.

Recommendation 11: Improve and expand cultural competency (awareness) training. Establish cultural competence (awareness) as a core behavioral health education and training requirement for all licensure/certification disciplines.

Recommendation 12: Develop a faculty fellowship model to engage faculty in newest understanding and treatment of mental illness in both children, youth, adults and older adults.

Recommendation 13: Charge the Department of Human Services with establishing criteria and a payment mechanism to incentivize mental health settings committed to providing students with a practicum experience that features evidence-based treatment interventions.

Recommendation 14: Increase exposure to psychiatric/mental health experiences for nursing and medical school students and increase continuing education offerings for licensed nurses and physicians.

Recommendation 15: Utilize Accreditation Council for Graduate Medical Education (ACGME) and American Psychological Association (APA) standards for psychiatry residency and accredited psychology internship programs, thus expanding access and program funding.

Recommendation 16: Provide support so that all psychology internships at state institutions are accredited by the APA.

Recommendation 17: Minnesota Department of Health will evaluate Medical Education and Research Costs (MERC) funding to identify changes needed to support mental health workforce development and will add Licensed Marriage and Family Therapist and Licensed Professional Clinical Counselors professions to the program.

Recommendation 18: Promote a team-based healthcare delivery model for mental health treatment.

ENCOURAGE JOB SEEKING IN HIGH NEED AREAS

Recommendation 19: Add mental health professionals to the eligibility requirements for the Minnesota Health Professionals Loan Forgiveness program and increase funding by \$750,000 a year; add requirement that 50% of this additional funding be made to mental health professionals from diverse ethnic and/or cultural backgrounds.

Recommendation 20: Continue funding of the Foreign Trained Health Care Professionals Grant Program.

RETENTION

Recommendation 21: Identify gaps in the educational, certification, or licensing systems that impede career movement from entry-level, paraprofessional positions to terminal degrees and licensure as an independent

professional. Identify the special challenges of and barriers to incorporating persons in recovery and persons of diverse cultural backgrounds into traditional career ladders. Develop strategies, curricula, certifications to support these pathways.

Recommendation 22: Examine ways technology can be used to streamline paperwork and ensure necessary data capture.

Recommendation 23: Increase reimbursement rates.

ASSESSMENT

Recommendation 24: Assess the recommendations made in the mental health workforce state plan by July 2017, to determine progress being made on implementation and evaluate outcomes of the above recommendations.

The complete report is available on the HealthForce Minnesota website at www.healthforceminnesota.org/mental-health/



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