



State Profile Highlights

New Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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Workforce Issues at State Mental Health Agencies:2001

MAJOR FINDINGS

- ◆ 44 of 45 responding State Mental Health Agencies are experiencing shortages of mental health staff
- ◆ 40 State Mental Health Agencies are using special initiatives to address staff shortages
- ◆ More states are directing recruitment and training initiatives toward staff for state hospitals
- ◆ Many states have granted prescription privileges to non-physicians

The FY 2001 compilation of the State Mental Health Agency (SMHA) Profiling System included an expanded section on workforce issues. Mental health services are labor intensive utilizing staff from across multiple disciplines. Human resources and staffing aspects of mental health organizations are particularly important during changes in budgets and the array of services offered to clients. The following report is based on the survey responses reflecting workforce issues during FY 2001. Tables at the end of the report identify the states that include specific components discussed in the report in their workforce.

Staffing Shortages at SMHAs: Forty-four SMHAs reported that in 2001 they were experiencing shortages of mental health staff: 37 states identified staff shortages in the state hospitals and 28 states identified staff shortages in community mental health programs. In general, states identified shortages across multiple disciplines for both state hospitals and community mental health programs. In state hospitals, the staff disciplines most commonly identified as having shortages were registered nurses, licensed nurses, psychiatrists, and social workers. In community programs, the most commonly identified staff shortages were psychiatrists, registered nurses, social workers, and nurse practitioners. The following table provides the number of states with identified shortages by staff discipline and setting. Other staff disciplines includes pharmacists and direct care technicians with less than a bachelor's degree. More states identified shortages in state hospitals than community mental health programs, although this observation may be an artifact of the level of control and thus knowledge that state personnel have over independently operated community mental health programs.

Number of States Reporting Staff Shortages by Discipline: 2001		
	State Hospitals	Community MH Programs
Any Staff Shortage	37	28
Multiple Disciplines	34	20
Psychiatrists	22	21
Other Physicians	7	4
Psychologists	16	6
Social Workers	21	10
Nurse Practitioner	14	10
Registered Nurses	35	14
Licensed Nurses	23	9
Bachelor's level MH workers	10	9
Other	12	4

Forty of the SMHAs with identified shortages have initiatives to address these staffing shortages. Most states (31 of 40) are using a combination of initiatives. Many of the initiatives are directed at both state hospital and community mental

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health program staff. The survey included four specific mechanisms: increased salaries (24 states), special university-based training initiatives (22 states), training at mental health programs/providers (19 states), and recruitment bonuses or other financial incentives (19 states). In addition, nine states listed a variety of other initiatives including tuition payments, loan forgiveness, modified work shifts, use of J1 visas, and special recruitment initiatives. Twenty-two states described initiatives that may be of interest to other states; the initiatives and contact persons are included at the end of the report.

Staff Recruitment and Training: Many states are engaged in specific programs to recruit members of minority or ethnic groups and members of special populations. Twenty-one states (of 45 responding) have programs to recruit staff for state operated and/or funded programs. Eighteen states have programs to recruit members of minority or ethnic groups into the workforce. Nineteen states have programs to recruit consumers, persons with disabilities, or family members into the workforce. States are targeting recruitment initiatives towards specific disciplines, as outlined in the adjoining table. More states are directing recruitment efforts toward staff for state hospitals, particularly towards registered nurses and psychiatrists.

Number of States with Recruitment Initiatives Directed Toward Specific Disciplines: 2001			
	State Hospitals Only	Community MH Programs Only	Both Settings
Psychiatrists	11	1	8
Other Physicians	6	0	5
Psychologists	10	0	5
Social Workers	8	1	7
Nurse Practitioner	8	0	6
Registered Nurses	15	0	8
Licensed Nurses	10	1	6
Bachelor's level MH workers	6	0	6
Other	3	1	0

Some SMHAs are also providing special training for members of minority or ethnic groups and members of special populations. Seventeen states have programs to train consumers, persons with disabilities, and/or family members in the workforce. Ten states also have training programs for members of minority or ethnic groups. Six states offer training for staff of state-operated service, nine states offer training for staff of state-funded services, and one state offers training programs for the workforce of both state operated and state funded programs. Twenty-five states do not have specific programs to provide special training to these members of the workforce.

States are engaged in training staff to work with special populations. Thirty-three states report that they have programs to cross train staff for dual diagnosis services (mental health - substance abuse), including periodic statewide training, conferences and workshops, and web based curriculum. Twenty states report that they have programs to train staff in community-based treatment systems to treat people who are involved in the criminal justice system but are not incarcerated or forensic patients, including workshops, jail/court diversion, training police officers, and crisis intervention services. Seventeen states report that they have programs to provide specialized training to staff in community-based treatment systems to treat people who are homeless, including workshops and PATH programs. Thirty-two states include consumers and/or family members as trainers in their programs to train mental health professional.

SMHAs were asked to note if several aspects of training/licensing/credentialing of mental health professions were included in their programs. The specific aspects were grouped into: four questions for specific content areas, two questions on ratings of attitudes, and three questions on competencies for special populations. Thirty-five states (of 45 responding) include at least one of the following content areas: cultural competence assessments, information on self-control/mastery of emotional distress, self-help and peer support information, and protecting individual rights. Thirteen states include all four content areas in their programs. Seven states include both of the following staff attitude assessments: rating of staff attitudes toward people with mental illness, and rating of staff attitudes toward families of persons with mental illness. Fourteen states include at least one of the following competencies: rating of staff competence to serve recipients manifesting symptoms due to trauma and/or abuse, measuring staff competence to serve people with mental illness in the criminal justice systems, and measuring staff competence to provide employment services to persons with mental illness.

Staff with Prescription Privileges: Thirty-five states have granted prescription privileges and medication monitoring activities to non-physicians: 15 of these states use both nurse practitioners and physician assistants, 15 states use only nurse practitioners, and two states only use physician assistants. Twenty-five states permit these non-physicians to both prescribe and monitor medications, and six states permit only medication monitoring by non-physicians. More states have granted these activities to staff of state hospitals than community mental health providers. Although 16 states grant privileges in both settings, an additional 11 states grant privileges for state hospital settings, and only seven other states grant privileges for staff of community mental health providers.

States with Staff Training for Special Populations: 2001	
Dual Mental Health-Substance Abuse Services	AZ, CO, CT, DC, DE, FL, HI, IL, KS, KY, LA, ME, MD, MA, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, WA, WI
Criminal Justice System Involved	AZ, CT, FL, HI, IL, KY, MD, MA, NV, NH, NJ, NM, NC, OH, OK, PA, SC, UT, VT, WI
Homeless clients	AZ, CT, FL, HI, KY, MD, MA, MS, NV, NH, NJ, NM, ND, OH, OK, PA, SC
Consumers and/or family members as trainers	AL, AZ, CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, LA, ME, MA, MN, MS, NV, NH, NJ, NM, NC, ND, OH, OK, OR, SD, UT, VT, VA, WI

States with Specific Components Included in the Training, Licensing, and Credentialing Programs of Mental Health Professionals: 2001	
Cultural competence assessments	AZ, CA, CT, DC, HI, KY, ME, MA, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, RI, SC, TX, UT, WI
Information on self-control/mastery of emotional distress	CA, DC, HI, KY, MD, MA, MN, MS, NJ, NC, ND, OH, OK, RI, TX, VT, VA
Self-help and peer support information	CA, CO, CT, DC, HI, KY, ME, MA, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, RI, TX, VT, WI
Protecting individual rights	AL, AZ, CA, CO, CT, DC, FL, HI, KY, IL, IN, ME, MD, MA, MN, MS, NV, NH, NM, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, VA, WA, WI
Rating of staff attitudes toward people with mental illness	CT, GA, HI, IN, ME, MS, NC
Rating of staff attitudes toward families of persons with mental illness	CT, GA, HI, IN, ME, MS, NC
Rating of staff competence to serve recipients manifesting symptoms due to trauma and/or abuse	CT, HI, IN, ME, MA, MS, NC, VA
Measuring staff competence to serve people with mental illness in the criminal justice systems	AZ, CT, HI, IN, MA, MS, NC, OH, WI
Measuring staff competence to provide employment services to persons with mental illness	AZ, CT, GA, HI, IN, MA, MN, MS, OH, VT

States with Prescription and/or Medication Monitoring Privileges Granted to Non-physician Staff: 2001	
Nurse practitioner only	CA, CO, CT, HI, IN, MD, MN, MS, NJ, OR, RI, SC, TX, UT, VA
Physicians assistant only	ME, WV
Both nurse practitioners and physician assistants	AK, AZ, FL, ID, KS, KY, MA, NE, NH, NM, ND, OK, SD, TN, VT

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States with Special Initiatives to Address Staffing Shortages and Contact Person: 2001

State	Initiative	Contact
AL	Scholarship program with communities for psychiatrist and RNs.	Kimberly S. Ingram, Associate Commissioner for Mental Illness 334-242-3642 kingram@mh.state.al.us
AR	Salary increase only.	Glenn Sago, Administrator 501-686-9032 glenn.sago@mail.state.ar.us
AZ	Salary increases; stipends.	Anna Moreno, H.R. Supervisor 602-220-6428 amoreno@hs.state.az.us
CO	Education allotments. Financial incentives for nurses. Promotions and upgrades. Mentorship program for new hires. Approval from legislature to hire from outside state.	Judy Weaver, Director, Staff Education 719-546-4000 judy.weaver@state.co.us
GA	Workforce planning for Georgia State government.	Rosemary Calhoun, Human Resource Planner 404-656-4255 rmcalhoun@dhr.state.ga.us
HI	Out of state nurses brought in by SMHA	Bill Elliott Associate Administrator 808-236-8232 wtelliot@hshs.health.state.hi.us
IL	We have just begun a project with community providers to identify strategies to increase recruitment and retention of staff.	Dan Giffort, Ph.D., Chief, HRD Bureau 312-814-4865 dhsddfi@dhs.state.il.us
KY	Development of committee to identify and research initiatives in progress and to study other possible ways to address issues around state shortages (professional and paraprofessional).	Michele Blevins, Health Program Administrator 502-564-4448 michele.blevins@mail.state.ky.us
MA	Recruitment and Retention Program at Medfield State Hospital provides \$2,000 bonus at end of 1 year and \$500 employee bonus for successful referrals.	Michael Coughlin, Assistant Commissioner, Human Resources 617-626-8163 michael.coughlin@dmh.state.ma.us
ME	Advertisements, job fairs, targeted internet recruitment.	Cora Prentice, Personnel Specialist 207-287-4280 Coraprentice@state.me.us
NJ	Alternative work program for nurses (3 day work week). Open house with dinner and speakers for psychiatrists. Development of financial initiatives and education training programs.	Dennis Bock, Chief of Work Force Utilization 609-777-0659 dbock@dhhs.state.nj.us
NM	Rural Psychiatric Network to address consultation and site needs in rural areas.	Chris Cline, M.D., Medical Director 505-827- 2658 ccline@health.state.nm.us
OH	Competitive package of salary and benefits for psychiatrist. Cooperation with INS regarding behavioral healthcare shortage designation. Project to deal with pharmacy shortage.	W. Weimer, Chief, Office of Human Resources 614-466-0222 weimerw@mhmail.mh.state.oh.us
OK	Skill-based Pay Adjustment. Sign-on bonus. Direct hire agreement - licensure positions, blanket exception request to hiring freeze, career progression, shift differential, holiday differential, weekend differential, salary adjustments, rural hiring incentive, and equity based adjustments.	Donnita L. Heck, PHR, Director of Human Resources Mgmt. 405-521-3904 dheck@odmhsas.org
PA	The commonwealth funded a \$5.6 million initiative directed to county programs providing them the flexibility to develop and implement efforts at the local level to recruit and retain direct care workers.	Robert Wild, Director Bureau of Financial Management and Admin. 717-787-1949 rwild@pa.state.us
SC	A year program in cooperation with the School of medicine USC to training child and adolescent workers.	Steve Cuffe, Child and Adolescent psychiatry 803-898-1593
TX	An Annual Recruitment Plan has been developed by TDMHMR. The purpose of this plan is to develop and implement a comprehensive recruitment program that includes publicizing job vacancies using methods designed to attract applicants from underutilized groups of workers. The department analyzes its current workforce with the civilian workforce and compares it with underutilized ethnic and gender groups. The objective is to target recruitment efforts to increase the number of applicants, to increase underutilized groups and reduce the number of vacancies.	Carolyn Kuenstler, Mgr, Field Support and Salary Admin 512-206-4863 carolyn.kuenstler@mhmr.state.tx.us
UT	Availability of 12-hour shifts for nurses.	Dallas Earnshaw, Clinical Coordinator 801-344-4400
VA	Flexible compensation incentives. Training for direct care unlicensed staff to assume/compete for non-traditional roles.	Neila Gunter, Human Resource Director 804-786-6270 ngunter@dmhmrsas.state.va.us
VT	We provide partial and full scholarships for consumers, family members and employees of community mental health programs to attend the Southern New Hampshire University Master's Program in Community Mental Health.	Nick Nichols, HRD Chief 802-241-2625 nnichols@ddmhs.state.vt.us
WA	State law mandates a schedule of salary increases to targeted classes of employees.	Lori Chiechi, Human Resources 360-902-0784 chiecll@dshs.wa.gov
WI	Recruitment in the Philippines	Frances Dujon WMHI Box 9 Winnebago WI 54985

The SMHA Profile Highlights are based on information from 45 SMHAs. This Profiles Highlight was prepared by Lucille M. Schacht, Ph.D. The SMHA Profiles data are available via the Internet at www.nri-inc.org. For further information, please contact Robert Shaw (ext.124) or Ted Lutterman (ext. 121) on (703) 739-9333 or via e-mail at robert.shaw@nri-inc.org or ted.lutterman@nri-inc.org

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