



Oklahoma Behavioral Healthcare Workforce Study

**Presented to the Oklahoma
Governor's Transformation Advisory Board
December 17, 2009**

This research was supported by the Mental Health Transformation State Incentive Grant, Karen Frensley, LMFT, Project Director. Contributors include John Hornik, Ph.D., Jen Carpenter, Ph.D., Jeanine Hanna, M.A., and Nicholas Huntington, M.A., Advocates for Human Potential, Albany, NY and David Wright, Ph.D. & Lorrie Byrum, M.A., Oklahoma Dept. of Mental Health and Substance Abuse Services, Oklahoma City, OK.

Focus of this Briefing

- Behavioral healthcare provider survey findings:
 - Staff separation and vacancy rates and reasons
 - Staff work satisfaction
 - Training needs
- Behavioral healthcare workforce wage rates
- Staffing needs
- Flow of new graduates from higher education

Sources of study data:

- Surveys of behavioral healthcare providers
- Economic Modeling Systems Inc (EMSI)
- HRSA study of professional staffing needs by UNC
- Regents of Higher Education
- Oklahoma OPM

GOALS AND METHODS

Project Background

- ❑ In 2005 Oklahoma was one of seven states (now nine) to receive a five-year Mental Health Transformation State Incentive Grant (TSIG) from the federal Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration
- ❑ Advocates for Human Potential, Inc (AHP) has been working under contract and in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to conduct evaluation activities related to Oklahoma's behavioral health transformation initiative

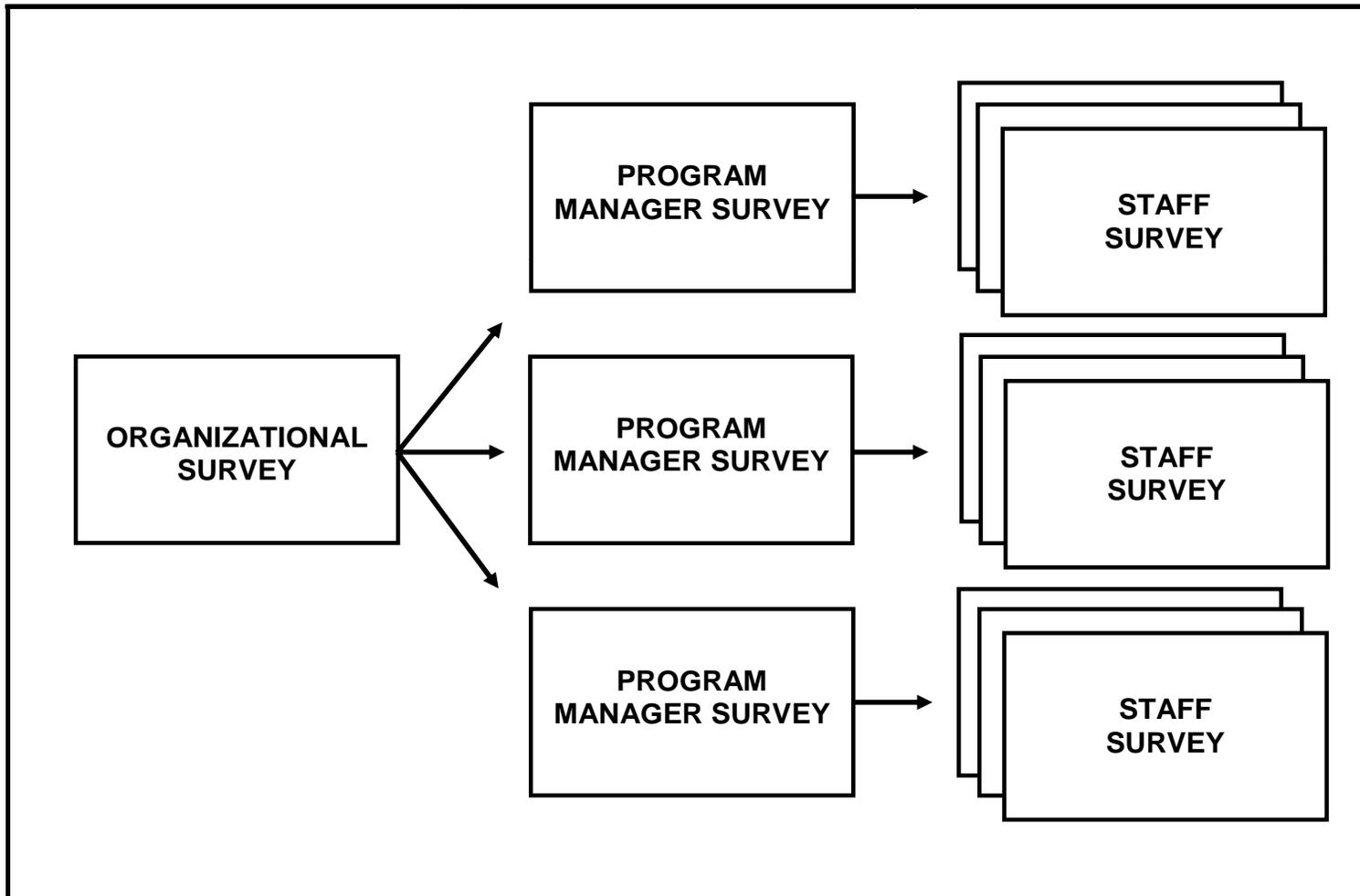
Project Goals

- Respond to interests of Workforce Study Team convened through Oklahoma's behavioral health transformation initiative
- Develop behavioral health complement to information gathered through Oklahoma Health Care Workforce Center and Oklahoma Hospital Association surveys
- Provide information that can be used for provider organization and state agency-level planning, advocacy

Survey Objectives

- Estimate rates of recruitment, retention and turnover by position category and geographic region
- Identify causes of staff turnover and barriers to recruitment
- Analyze current representation of adult peers and family members in the workforce
- Describe linguistic and cultural competency of the workforce
- Describe capacity of state workforce to address current & future needs of clients and employers
- Describe service settings and identify (types of) professionals delivering services

Structure of Surveys



Survey Procedures

- ❑ Enrollment packets mailed to organizations in industry waves
- ❑ Organization designee completes organizational component online, providing program manager names and email addresses; sample reports mailed as an organizational incentive.
- ❑ Program managers mailed invitational emails with attachments to be distributed to staff
- ❑ Regular reminders—at least six attempts--sent to program managers, organizational designee and/or executive director
- ❑ OK State agencies made additional follow-up calls with some organizations that did not respond to AHP requests
- ❑ In-person visits made to key organizations for technical assistance

Organization, Program Manager and Staff Participation Rates

Industry Wave	Organizations		Program Managers		Direct Care Staff	
	Number of Responses	Response Rate	Number of Responses	Response Rate	Number of Responses	Response Rate
Mental health providers	24	71%	106	68%	449	20%
OK Psychiatric Hospitals Association member organizations	11	41%	34	80%	363	26%
OK Department of Human Services contractors	9	75%	24	92%	150	33%
OK Office of Juvenile Affairs contractors	11	79%	13	87%	38	13%
Substance abuse providers	38	61%	56	80%	251	40%
Department of Corrections providers	-	-	5	100%	40	63%
Other Medicaid providers	9	39%	9	82%	9	6%
Federally Qualified Health Centers	3	25%	2	67%	11	100%
Child Guidance Clinics	-	-	8	89%	38	75%
Total:	105	57%	257	76%	1349	26%

FINDINGS*

“It is hard to find staff and it takes six months before they are good at it. Then they leave.”

-- Staff interviewee during needs assessment

*Note: The findings reported here are limited to five industry groups, ODMHSAS (MH only), OPHA, OKDHS, OJA, and DOC.

Plans to Leave

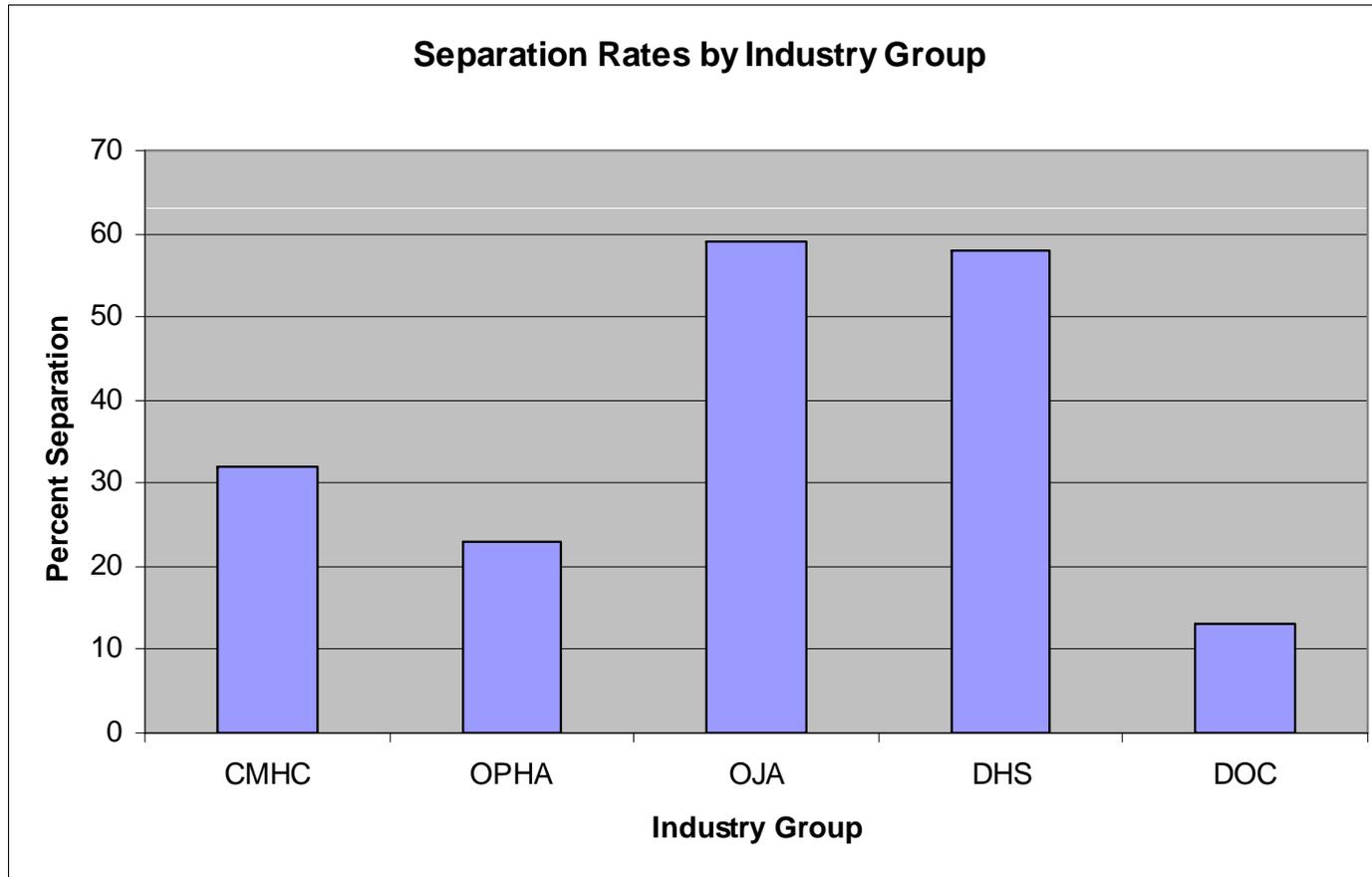
- Among program managers, 94% reported that they did not intend to leave their present position within the next year.
- Only 79% of direct care staff reported that they did not intend to leave their present position within the next year. Twenty-one percent do expect to separate; nearly one quarter of those expect to leave the behavioral healthcare field.

Staff Separation Rates

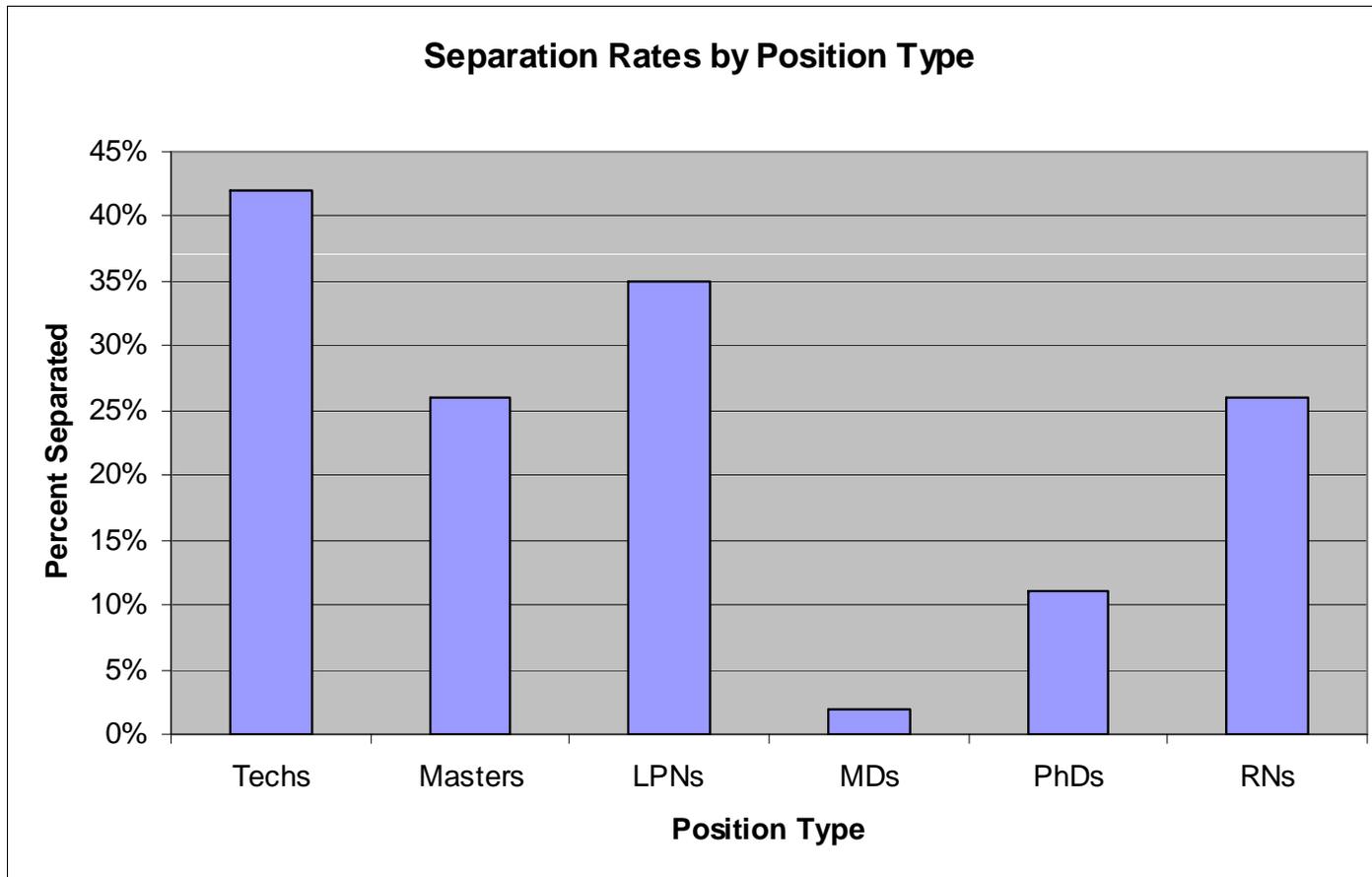
- The statewide separation rate is 35 percent
- Industry group separation rates range from 13 to 59 percent
- Highest rate is among techs or paraprofessional staff

SOURCE: program manager survey

Statewide Separation Rates by Industry Group



Statewide Separation Rates by Position Type



U.S. Bureau of Labor Statistics Standard Occupational Classification System Positions Categorized According to Six-Position Structure

Aids/Techs

- ❑ Psychiatric technicians
- ❑ Psychiatric aides
- ❑ Social and human service assistants
- ❑ Home health aides
- ❑ Nursing aides, orderlies and attendants
- ❑ Occupational therapist assistants
- ❑ Occupational therapist aides
- ❑ Medical assistants
- ❑ Dietetic technicians

LPNs

- ❑ Licensed practical and licensed vocational nurses

RNs

- ❑ Registered nurses

Masters-level professionals

- ❑ Substance abuse counselors
- ❑ Behavioral disorder counselors
- ❑ Marriage and family therapists
- ❑ Mental health counselors
- ❑ All other counselors
- ❑ Child, family and school social workers
- ❑ Mental health and substance abuse social workers
- ❑ All other social workers
- ❑ All other community and social service specialists

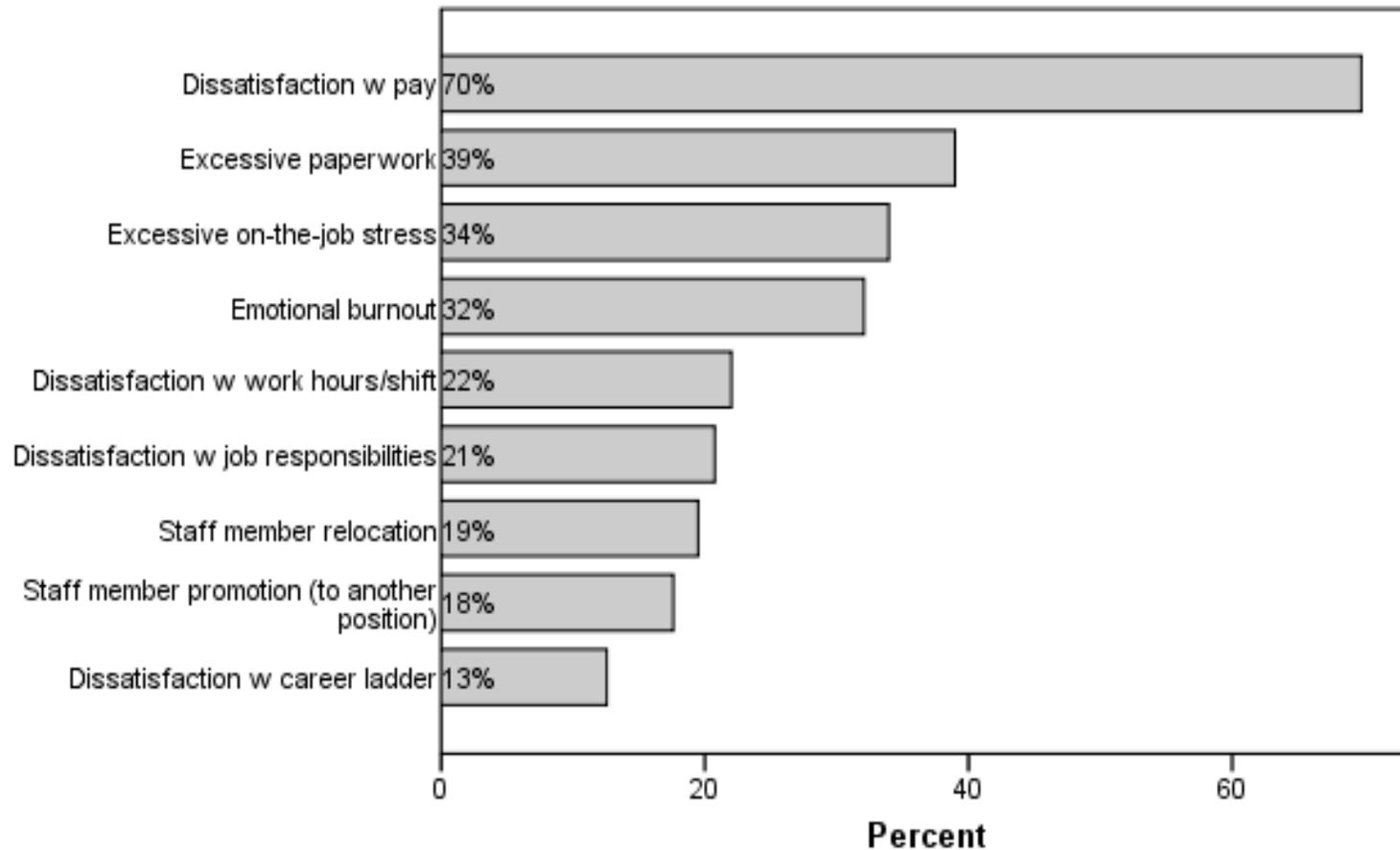
Psychologists

- ❑ Clinical, counseling and school psychologists
- ❑ All other psychologists

Psychiatrists/Other Physicians

- ❑ Psychiatrists
- ❑ Family and General Practitioners
- ❑ General Internists
- ❑ General Pediatricians
- ❑ All other physicians and surgeons

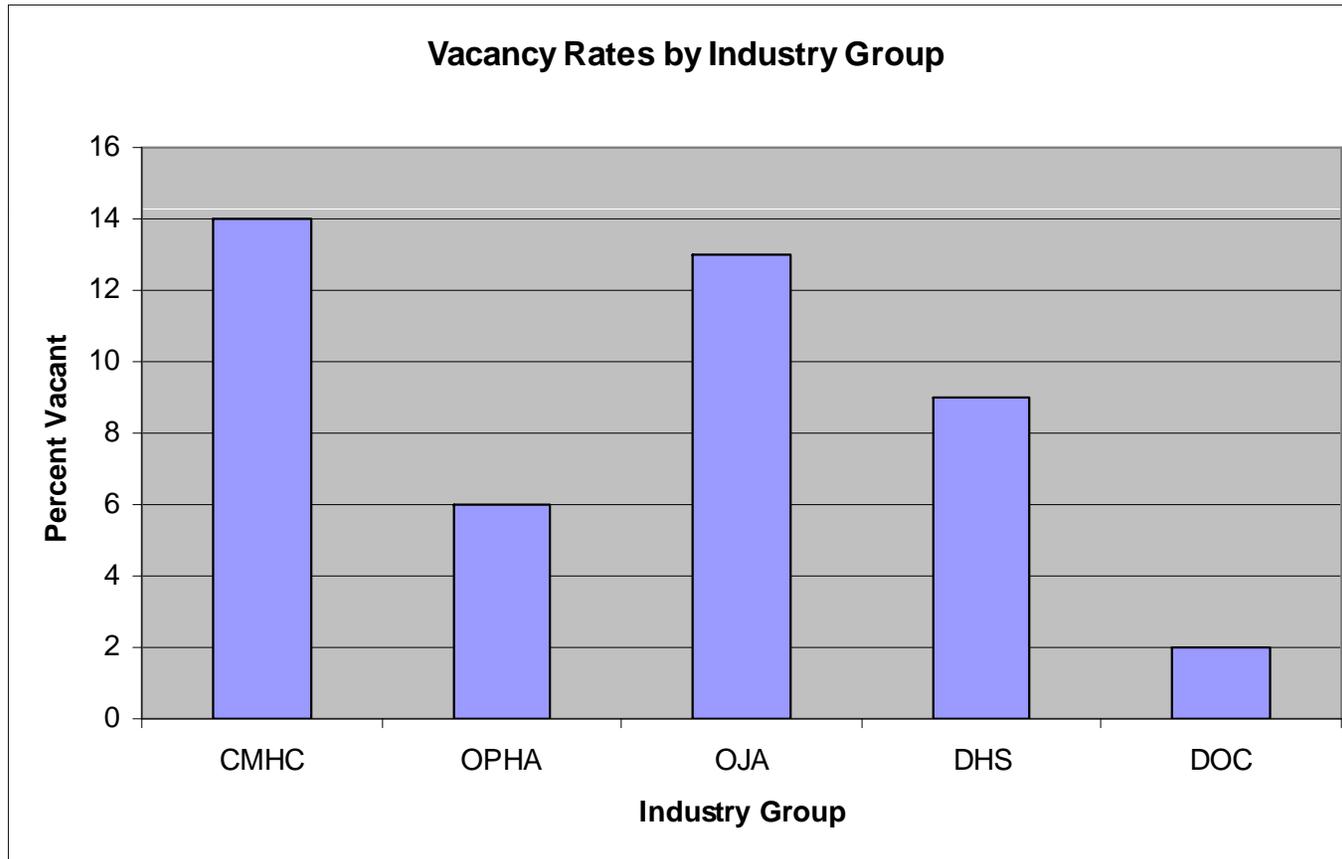
Frequently Cited Causes of Turnover



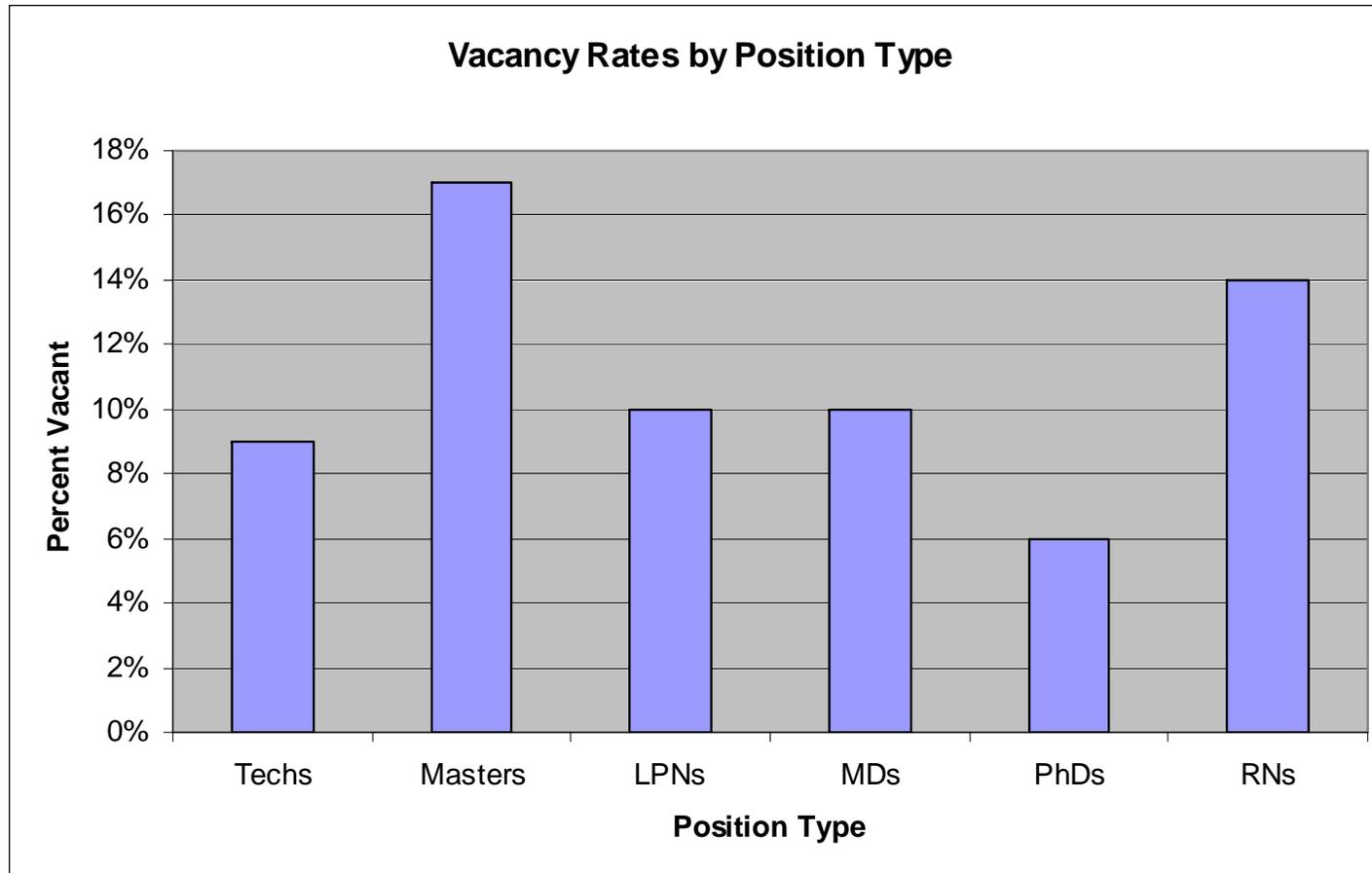
Staff Vacancy Rates

- The statewide vacancy rate is 12 percent
- Industry group vacancy rates range from 2 to 14 percent
- The highest rate is among master's-level professionals.

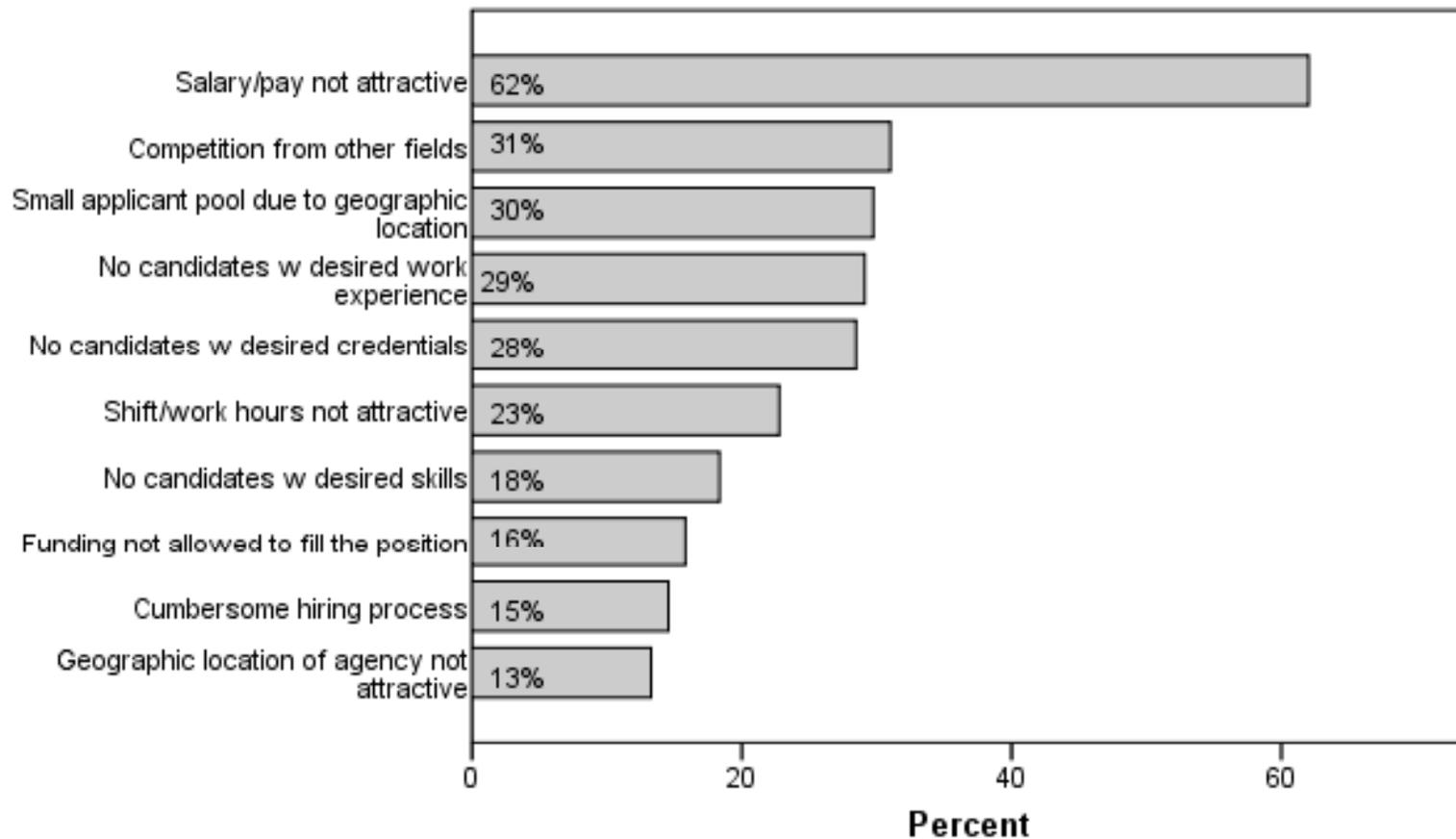
Statewide Vacancy Rates by Industry Group



Statewide Vacancy Rates by Position Type



Frequently Cited Barriers to Recruitment





Barriers to Recruitment

The primary barrier to recruitment of new staff is that salary rates are unattractive.



Comparisons of average hourly wage rates by national, regional, state norms for behavioral healthcare positions

- ❑ For all position types, Oklahoma pays at a lower rates than the average of states in this region. (See chart below.)
- ❑ The disparity between Oklahoma wage rates and national averages is even greater.
- ❑ Tulsa and Oklahoma City tend to have higher wage rates than the four rural quadrants of the State.

SOURCE: EMSI data from Department of Commerce

<i>Position</i>	<i>State Rate</i>	<i>National Rate</i>	<i>Multi-State Regional Rate*</i>	<i>ODMHSAS Region Rates</i>					
				<i>Tulsa</i>	<i>OKC</i>	<i>North-east</i>	<i>North-west</i>	<i>South-east</i>	<i>South-west</i>
Psychologists	\$25.74	\$30.27	\$26.76	\$23.66*	\$29.03	\$30.47	\$25.23*	\$31.72	\$24.56*
MH/SA Counselors	\$15.12	\$18.63	\$16.43	\$19.28	\$18.36	\$15.67	\$13.61*	\$15.57*	\$16.10*
RNs	\$24.52	\$30.06	\$26.98	\$25.25	\$24.96	\$22.39	\$23.63	\$21.34	\$24.45
LPNs	\$15.55	\$19.51	\$17.53	\$16.48	\$16.06	\$14.09	\$14.73	\$13.70	\$14.58
MH/SA Techs	\$12.35	\$14.02	\$12.94	\$12.74*	\$13.01	\$11.37	\$11.87*	\$11.64	\$11.97

**States in region: AR, CO, KS, LA, MO, NM, OK & TX*

Shortages of Psychiatrists

- ❑ Under contract to HSRA, investigators at UNC conducted a study of the need for psychiatric prescribers (includes advanced practice nurses) in the US.
- ❑ Findings for Oklahoma show 287 prescribers in comparison to an estimated need for 697 prescribers;
- ❑ They estimate a current shortage of 410 prescribers of psychiatric medications.
- ❑ Findings are adjusted for the role of primary care physicians in prescribing psychiatric medications.²³

Needs for other Behavioral Healthcare Staff

- ❑ MH/SA counselors and Aids/Techs show cumulative growth of almost 20% over ten years;
- ❑ Annual position growth in positions is less than two percent;
- ❑ RNs and LPNs position growth is mostly in medical care;
- ❑ Few psychologists in the public sector.

Note: Estimates from EMSI.

Needs for other Behavioral Healthcare Staff

<i>Position</i>	<i>2008 Jobs</i>	<i>2018 Jobs</i>	<i>Change</i>	<i>% Change</i>
Psychologist	1,339	1,434	95	7.1%
MH/SA Counselors	6,993	8,270	1,277	18.3%
RNs	26,157	31,444	5,287	20.2%
LPNs	13,463	14,578	1,115	8.3%
Aids/Techs	38,590	46,122	7,532	19.5%
Total	86,542	101,848	15,306	17.7%

Flow of New Graduates from Higher Education

- ❑ The chart below shows the number of degrees awarded by field (2001-2007) by year, the number projected through 2017-18, and the comparison to projected new need.
- ❑ For psychologists, the projections are significantly less than the projected new need;
- ❑ For all other fields, the projections are apparently significantly greater than the projected new need;
- ❑ New need projections do not take into account the number of graduates needed to replace persons who retire or leave the behavioral healthcare system.

Note: Estimates from the Regents for Higher Education.

Flow of New Graduates from Higher Education

Position Category	2001-02 Degrees	2002-03 Degrees	2003-04 Degrees	2004-05 Degrees	2005-06 Degrees	2006-07 Degrees	Cumulative Degrees Projected thru 2017-18	Cumulative Projected New Need by 2018 ¹
Psychologist Mental Health or Substance Abuse Counselors	50	64	51	41	44	44	204	361
Registered Nurses Licensed Practical Nurses	374	375	391	409	360	421	4,478	1,651
Mental Health or Substance Abuse Aides/Assistants/ Technicians	636	652	708	772	813	865	12,244	5,719
	715	780	859	908	1,067	1,030	16,032	1,618
Overall Total	1,122	1,090	1,129	1,203	1,208	1,262	14,913	9,990
	2,897	2,961	3,138	3,333	3,492	3,622	5,483	19,339

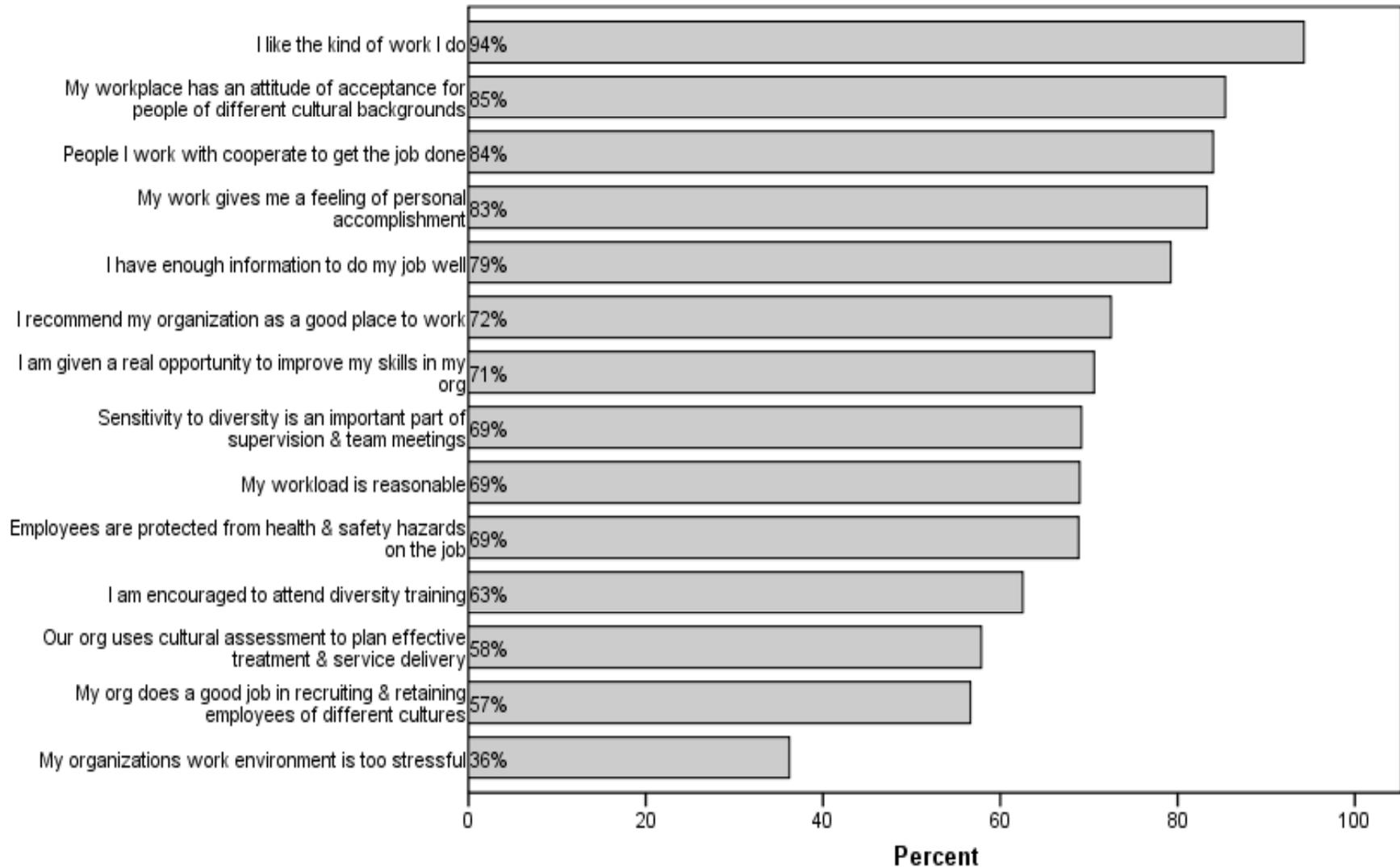
¹ This estimate does not include individuals needed to replace persons in existing positions who retire or leave the behavioral healthcare system.



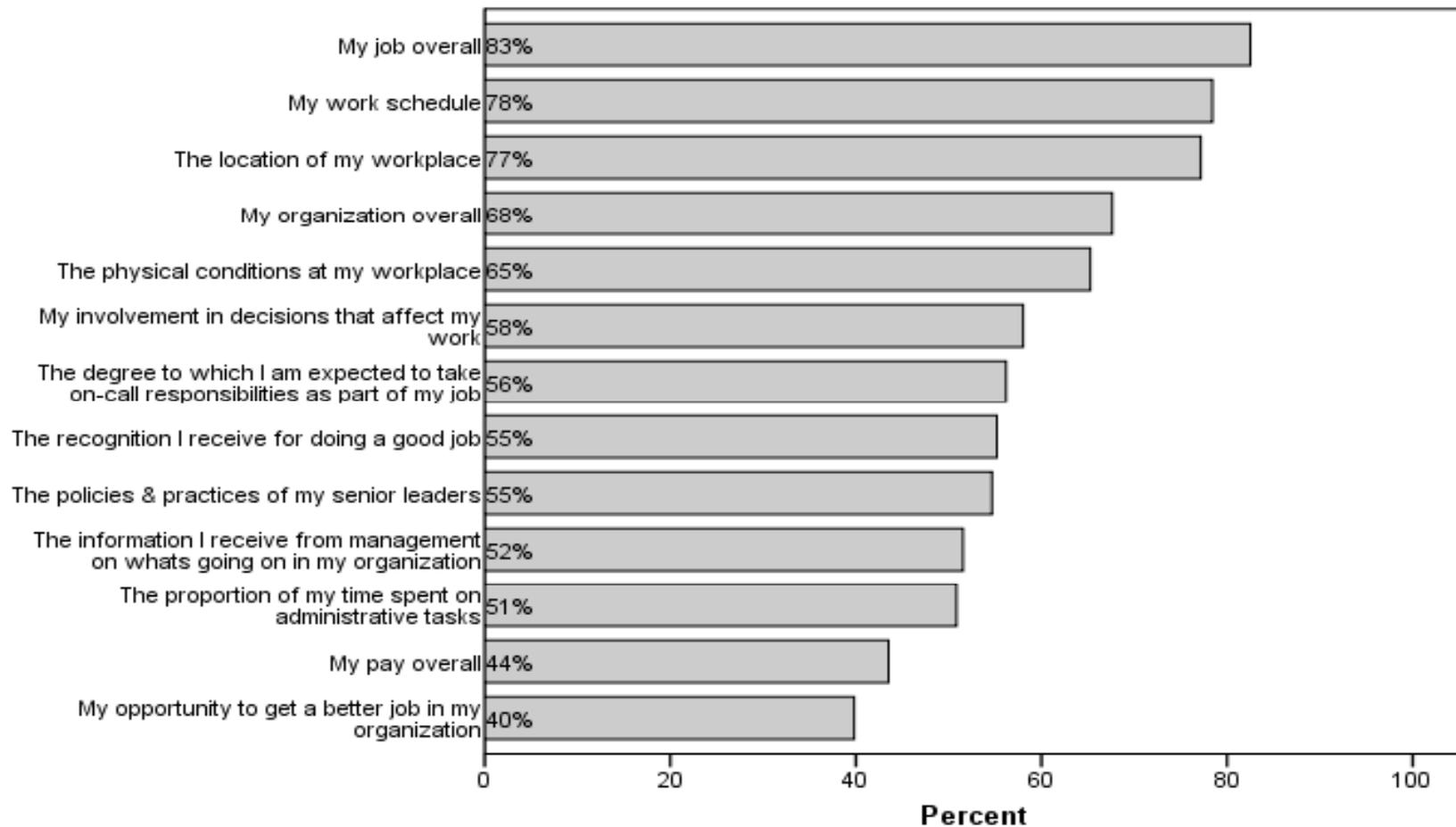
Staff Satisfaction and Work Experience

- ❑ In general, staff report satisfaction in many areas of their work.
- ❑ Highest rates (over 80 percent) are in the areas of the work itself, acceptance of diversity, teamwork, and personal accomplishment.
- ❑ Lowest rates (less than 45 percent) are in the areas of pay, opportunity for advancement, and stress in the work environment.

Staff Work Experience



Staff Satisfaction



Benefits Provided by Organization Type (State, Private)

- All state-operated and nearly all private organizations report offering health, dental and life insurance. However, there is a large gap between state and private organizations in the availability of other benefits.
- The State provides disability insurance, flexible spending accounts and wellness programs. Among private organizations, only 72%, 44%, and 28% respectively provide these benefits.

Staff Training Needs

- Program managers report that there are existing resources for many training needs.
- Low unmet training need was reported for standard service functions such as assessment, goal setting and service planning.
- Higher need was cited for some basic job skills and for some emerging practices such as working with peer specialists and providing trauma-sensitive care.

SOURCE: program manager survey

Staff Training Needs

Training most frequently cited as needed and not available – by industry group

- ❑ OJA – understanding role of peer as provider, providing trauma sensitive services
- ❑ DHS – psychiatric medications and side effects
- ❑ OPHA – supporting peer providers
- ❑ MH – communication skills

SOURCE: program manager survey

Staff Capacity to Provide Evidence Based Practices for Adults by Industry Group

Evidence-Based Practice	% Reporting that New Professional Hires Can Provide Service		
	Mental Health	OPHA	DOC
Cognitive Behavioral Therapy (CBT)	65%	67%	100%
Illness Management & Recovery	55%	25%	67%
Family Psychoeducation	53%	50%	67%
Integrated Dual Diagnosis Treatment (IDDT)	46%	38%	67%
Medication Management	46%	67%	67%
Consumer-run services	33%	11%	0%
Supported Housing	32%	22%	0%
Assertive Community Treatment (ACT/PACT)	28%	22%	33%
Supported Employment	21%	22%	0%

SOURCE: program manager survey

Staff Capacity to Provide Evidence Based Practices for Children by Industry Group

Evidence-Based Practice	% Reporting that New Professional Hires Can Provide Service	
	Mental Health	OPHA
Cognitive Behavioral Therapy (CBT) for Depression	73%	63%
CBT for Anxiety	73%	67%
CBT for Trauma	68%	75%
Interpersonal Therapy (IPT)	43%	75%
Functional Family Therapy (FFT)	32%	63%
Multisystemic Therapy (MST)	23%	50%
Therapeutic Foster Care	14%	38%

SOURCE: program manager survey

Consumers in the Workforce

- Consumer and family member representation is high among both direct care staff and program managers.
 - 18% adult consumers and 5% former youth consumers and/or
 - 29% family of adult consumers and 12% family of youth consumers
- The majority of those who do identify as consumers or family members report having disclosed this identity to at least one other person in their workplace.

SOURCE: program manager and staff surveys



“I am tired of having to tell my story to a new counselor every six months.”

--Consumer interviewee during needs assessment

Next Steps

Complete separate data analysis and reports for:

- Adult Corrections
- Child Guidance Clinics
- Substance Abuse Programs
- Individual organizations

Undertake further analysis:

- Cross-agency analysis
 - Who is at risk of leaving?
 - Which agencies have the highest retention rates?
 - How do problems vary by Oklahoma geographic region?
 - How do problems vary by position type?
- Current & projected staffing shortages
- Unmet training needs
- Consumer & family member workforce participation
- Comparison of State and private employee benefits

Next Steps

- **What information from the study data would be of help to your agency?**
- **What problems can be addressed through policy changes or other actions?**
 - **At the level of state agencies?**
 - **At the GTAB level?**
 - **At the level of the Governor and the Legislature?**
- **What policy changes or other actions are necessary?**