



UTAH DEPARTMENT
OF COMMERCE

Office of Professional Licensure Review

Periodic Review Behavioral Health

August 9, 2023

Agenda

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Background & Methodology

2

Findings

3

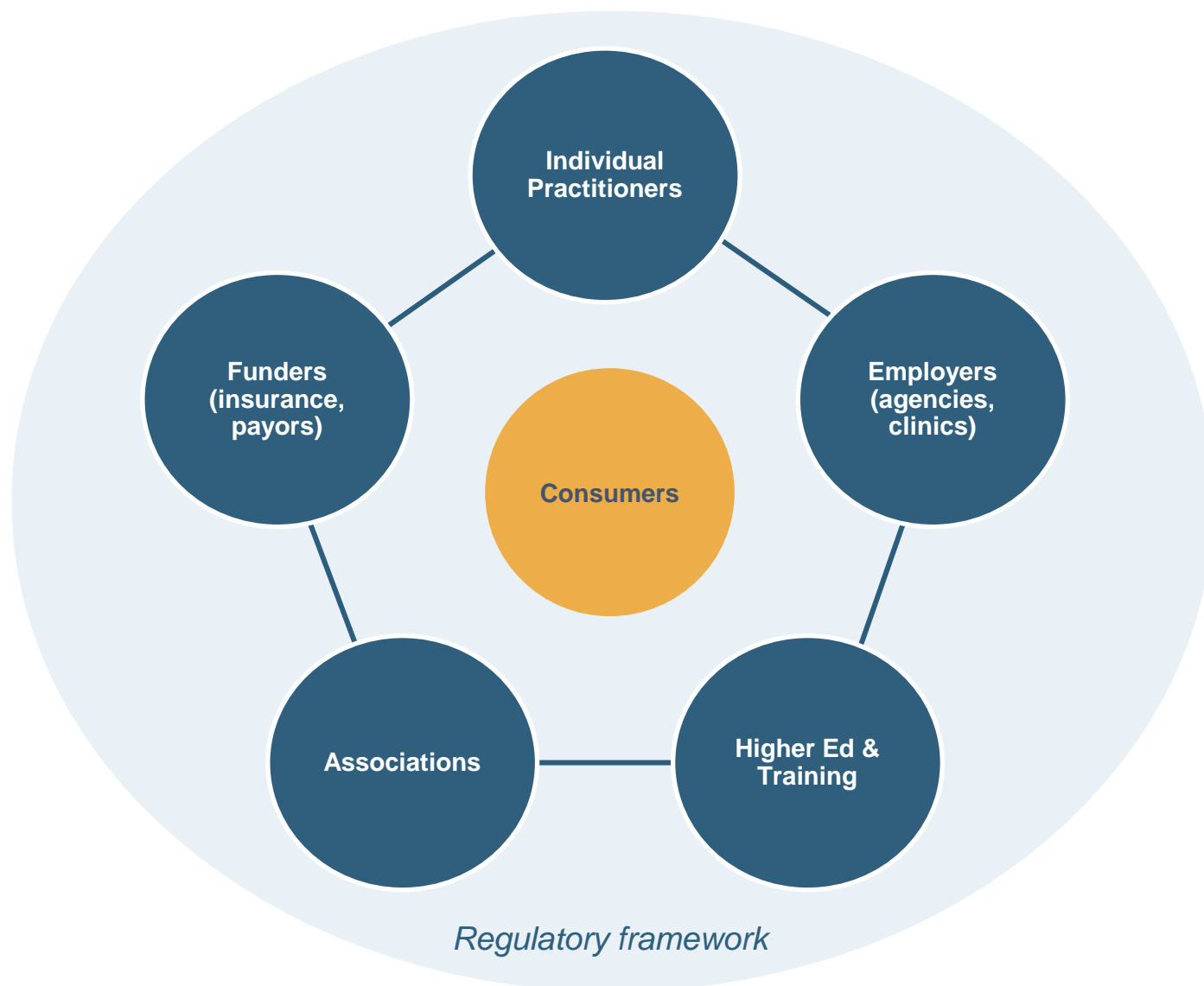
Recommendations

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Discussion



Behavioral Health: System Overview



- The behavioral health (BH) system has **multiple actors** working in coordination
- The BH system operates within a regulatory framework which includes **professional licensure**
- OPLR's objective is the 'health, safety, [and] financial welfare of the public'¹
- OPLR balances input from all actors in the system...but we **prefer the needs of the Utah public**

¹ Utah Code 13-1b

Behavioral Health: Licenses Under Review

Department of Commerce

- Social Worker (~9,800 active licensees)
- Clinical Mental Health Counselor (2,900)
- Psychologist (1,300)
- Marriage & Family Therapist (1,500)
- Recreational Therapist (500)
- Behavior Analyst (800)
- Substance Use Disorder Counselor (500)
- Vocational Rehabilitation Counselor (200)
- State Certified Music Therapist (80)

Department of Health & Human Services

- Certified Case Manager (1,000)
- Certified Peer Support Specialist (600)
- Child/Family Peer Support Specialist/
Family Resource Facilitator (25)
- Certified Crisis Worker (350)
- Behavioral Emergency Services Technician (0)
- Advanced Behavioral Emergency Services Technician (0)

Data & Methods

Primary Data Collection

Behavioral Health Workforce Survey¹

- ~4,000 total respondents
- ~1,100 open-ended comments

Stakeholder Listening Tour

Industry Focus Groups (10)

- 68 total attendees
- 90 minutes avg.

Board Chair Interviews (8)

- 60 minutes avg.

Expert & Leader Interviews (150+)

Stakeholder Vetting Tour

- 35 sessions w/200+ participants
- e.g., HMHI, USH, UHIA, LMHAs, IHC, DHHS, USHE, DOI

Secondary Data Analyses

Access to Care

- National Survey of Children's Health (NSCH)
- National Survey on Drug Use & Health (NSDUH)

Safety of Care

- National Practitioner Data Bank (NPDB) adverse action & malpractice data
- Division of Professional Licensing (DOPL) data on complaints & dispositions

Academic & Policy Review

Interstate Law Review

- Policy data on 500+ BH license types across U.S. jurisdictions

Policy Landscape Review

- Legislative history, international approaches, case studies

Literature Review

- 800+ relevant resources (e.g., articles) identified
- Evidence on the impact of various regulations on consumer access & safety
- Research on behavioral health systems, workforce, & policies

1. This survey used the core questions from the Cross Profession Minimum Data Set (CPMDS), developed by Dr. Hanna Maxey, Director of the Bowen Center for Health Workforce Research and Policy in collaboration with multiple national health professions' regulatory associations. The survey was distributed to all active DOPL behavioral health licensees (16,236 individuals) and achieved a response rate of 24.8%.

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Utah Has an Access Problem

Utahns **receiving**
behavioral health care

~530k

Even among those children in Utah who do access care, **40% of parents report that it is difficult or impossible** to obtain this care for their children.

Utahns with an **unmet need**
for behavioral health care

~210k-515k

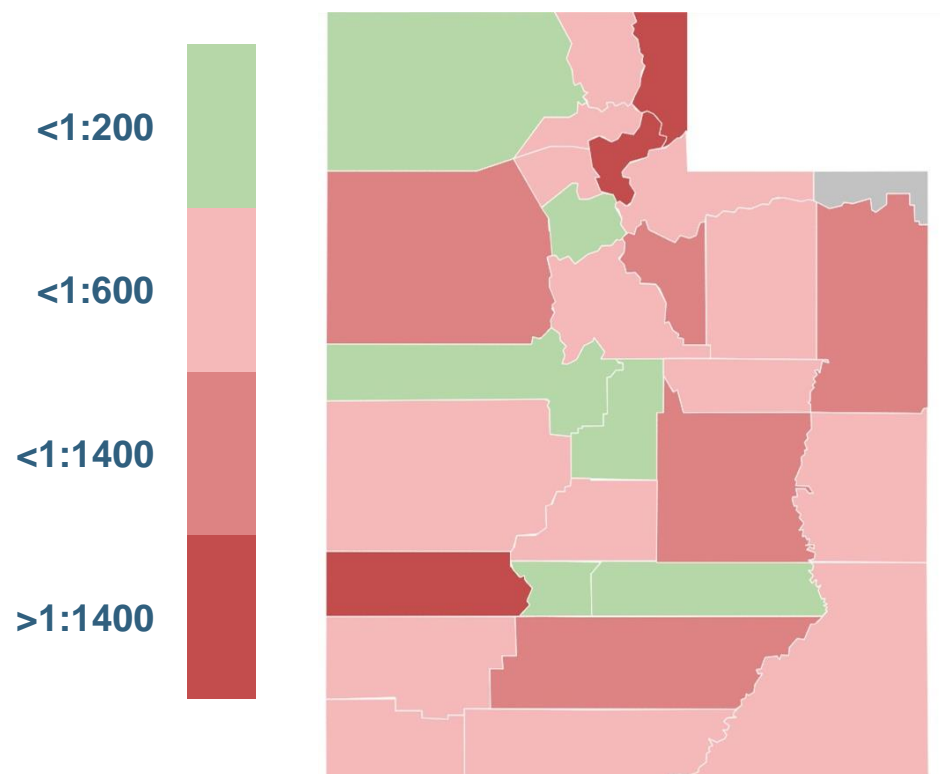
From 2020-2021, **58% of children** aged 3-17 in Utah with a clinically diagnosed mental or behavioral health condition **did not receive treatment** or counseling.

~750K-1 million Utahns need access to behavioral health care

The Access Problem May Be Worse in Rural Utah

BH Provider to Population Ratios, by County¹

All BH Provider Types

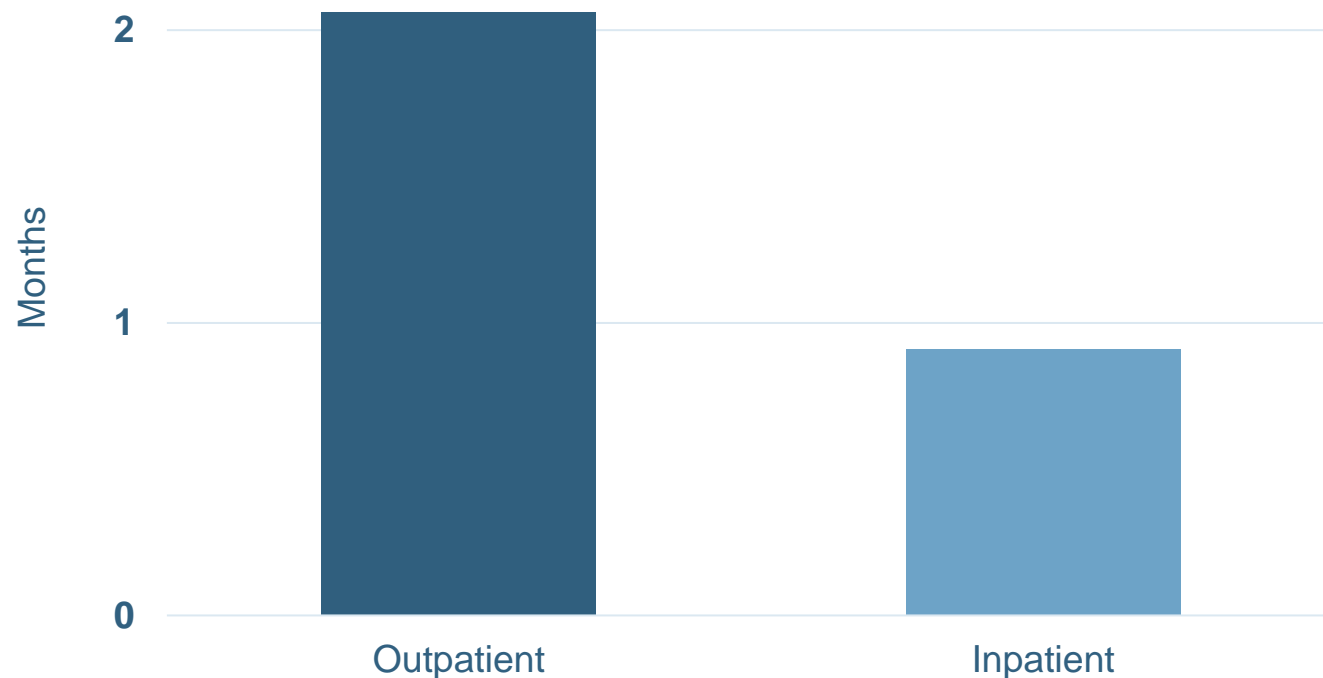


Rural counties struggle to attract & retain psychiatrists²

- All Utah counties with more than 600 residents per BH practitioner are rural
- Rich County and Morgan County have one provider for every 2,600 and 4,220 residents, respectively

Access is Poor for Outpatient BH Services

Weighted Average Wait Time by Setting Type (In Months)



Proposed federal guideline for behavioral health outpatient wait time is **10 calendar days**¹

Unmet Need for Care Has Serious Consequences

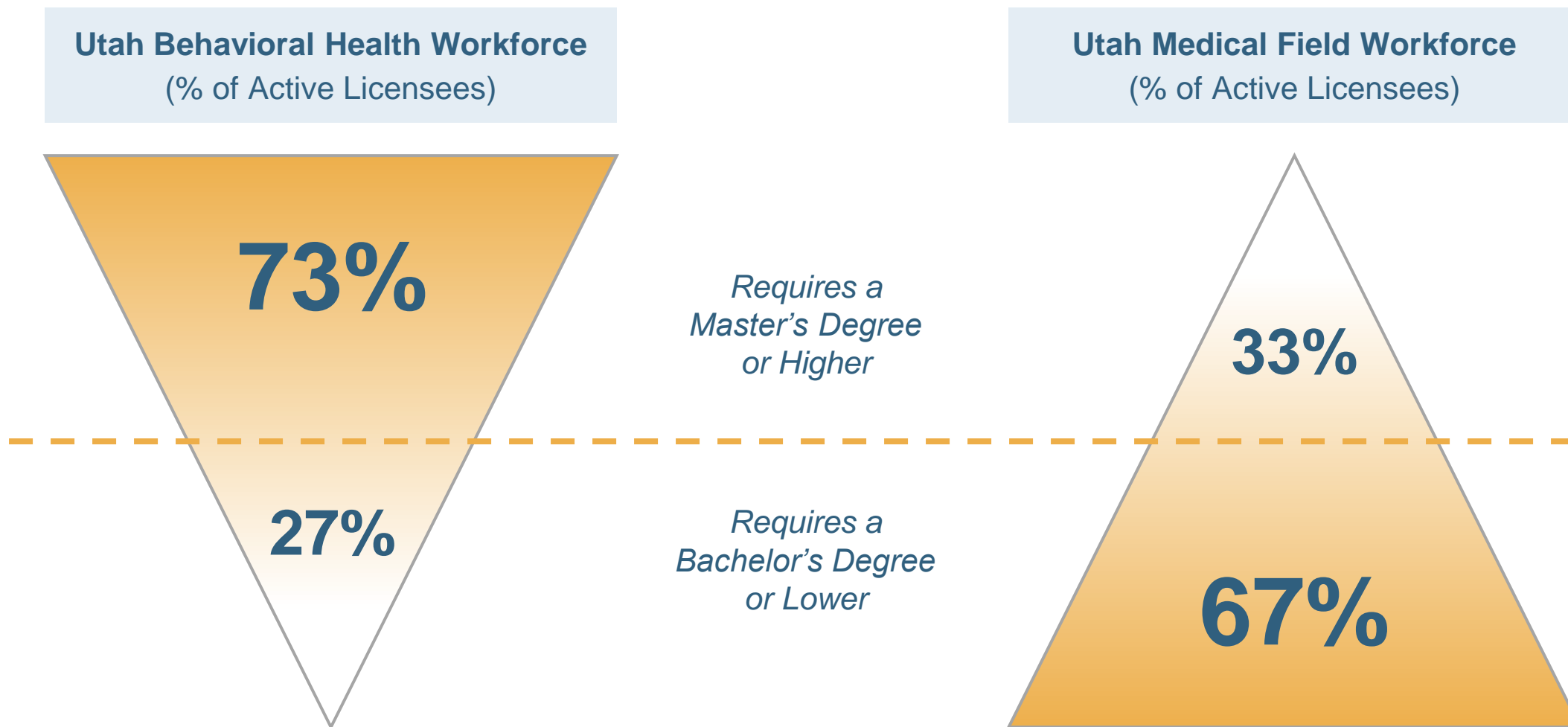
Impact on Human Life

- **15-23K more adults (18+) in Utah will suffer from suicidal ideation** in any given year because they have an unmet need for BH care.^{1,2}
- **7-10K more youth (11-17) in Utah will suffer from suicidal ideation** in any given year because they have an unmet need for BH care.^{1,3}

Societal & Economic Consequences

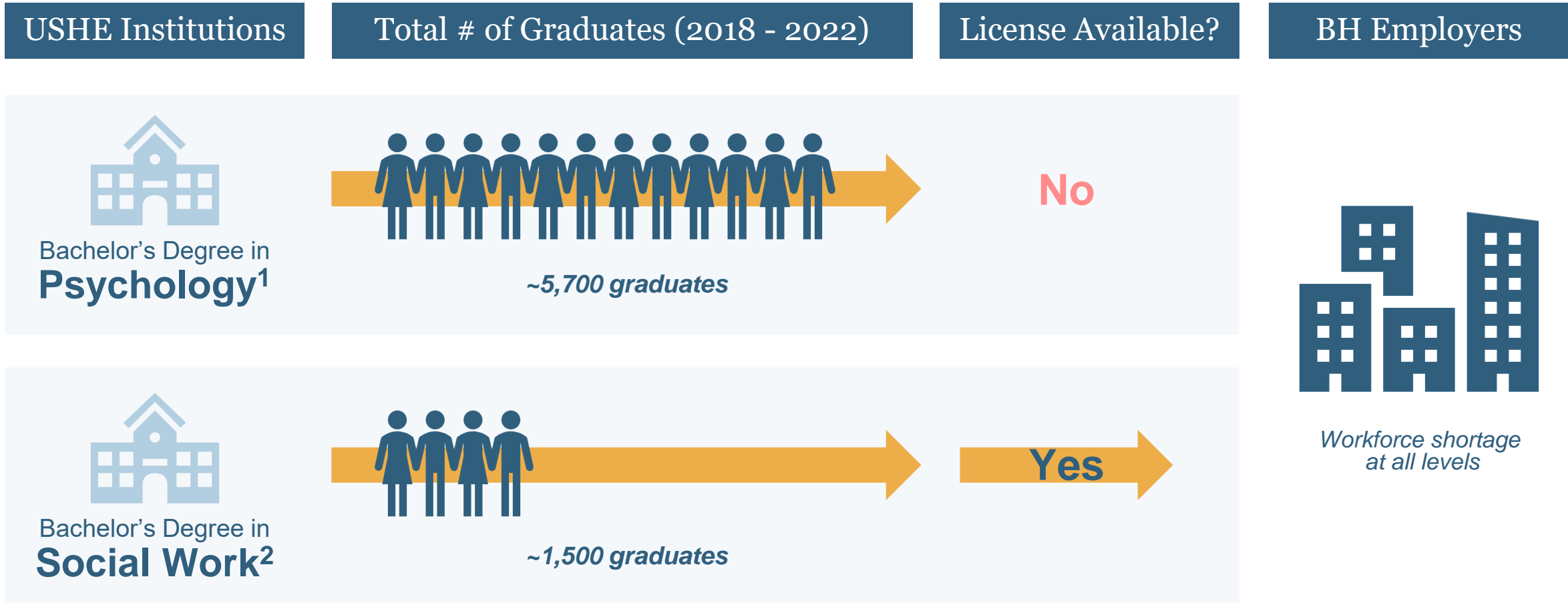
- Unaddressed BH issues lead to **2-10x increase in burdens of healthcare & criminal justice spending** and decreased economic productivity.⁴
- **Utahns will earn \$2.8 billion less** in any given year because they have an unmet need for BH care.⁵

Behavioral Health Care Lacks Extenders



Source: DOPL licensee data obtained from DOPL MLO report "Active License Count," accessed 2/28/2023; data on DHHS licensees provided to OPLR by DHHS administrators in July, 2022. The figures presented do not reflect members of the workforce who hold a private certification (e.g., CNAs) or no certification (e.g., psych techs).

Education & Career Paths Are Misaligned



Source: [USHE IPEDS Completions Survey](#); Graduates from 5 year span of 2017-2018 to 2021-2022 academic years. 1. Psychology undergraduates can work under an Assistant Behavior Analyst, Music Therapist, Therapeutic Recreation Specialist, Certified Advanced Substance Use Disorder Counselor, or Social Service Worker license, but only with additional coursework (like any other undergraduate). In other words, a psychology undergraduate major provides students with no advantage in terms of licensure for any BH license in Utah. 2. Bachelors in Social Work corresponds to the Social Service Worker license.

Utah Needs More Specialists & More Extenders

| | Current | Target | Gap |
|---|---------|--------|-------------|
| Total BH Workforce | 20K | 28K | +8K (40%) |
| Advanced BH Specialists <i>Diagnose & treat severe, recurrent, & complex BH conditions, e.g., psychologists, psychiatrists, psych nurse practitioners, psych physician assistants</i> | 2K | 3K | +1K (60%) |
| Clinical BH Therapists <i>Diagnose & treat mild to severe BH conditions e.g., clinical social workers, marriage & family therapists, clinical mental health counselors</i> | 12K | 16.5K | +4.5K (35%) |
| BH Support Workforce <i>Treat or assist in treating mild to severe BH conditions e.g., substance use disorder counselors, social service workers, crisis workers, peer supports</i> | 6K | 8.5K | +2.5K (40%) |

Values rounded to nearest 5% or to nearest 500. Target uses [IAPT](#) guideline of 10% advanced, 60% clinical, & 30% support. Workforce figures based on DOPL MLO report "Active License Count," accessed 2/28/2023; data on DHHS licensees provided to OPLR by DHHS administrators in July, 2022; data on advanced BH specialists from University of Michigan, Behavioral Health Workforce Research Center, 2018 – Mapping Supply of the U.S. Psychiatric Workforce; Unmet need figures based on [2020-2021 National Survey of Children's Health](#); [2018-2019 National Survey on Drug Use and Health](#).

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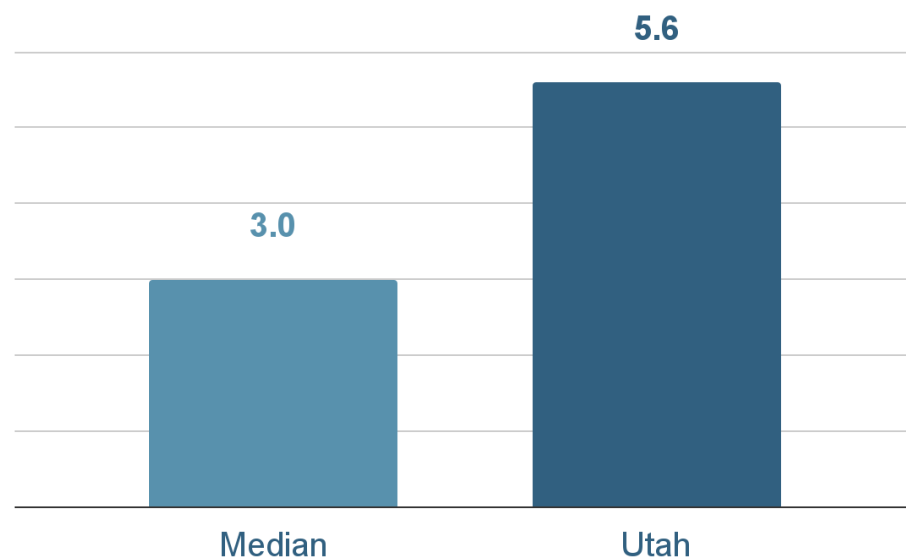
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Discussion



Utah Has a Safety Problem

Annual¹ NPDB Reports Per 1,000 BH Providers
(2015-2022)



Utah ranks far above the median number of NPDB reports³ per behavioral health licensee⁴ in the US, at **12th** of 51 states.



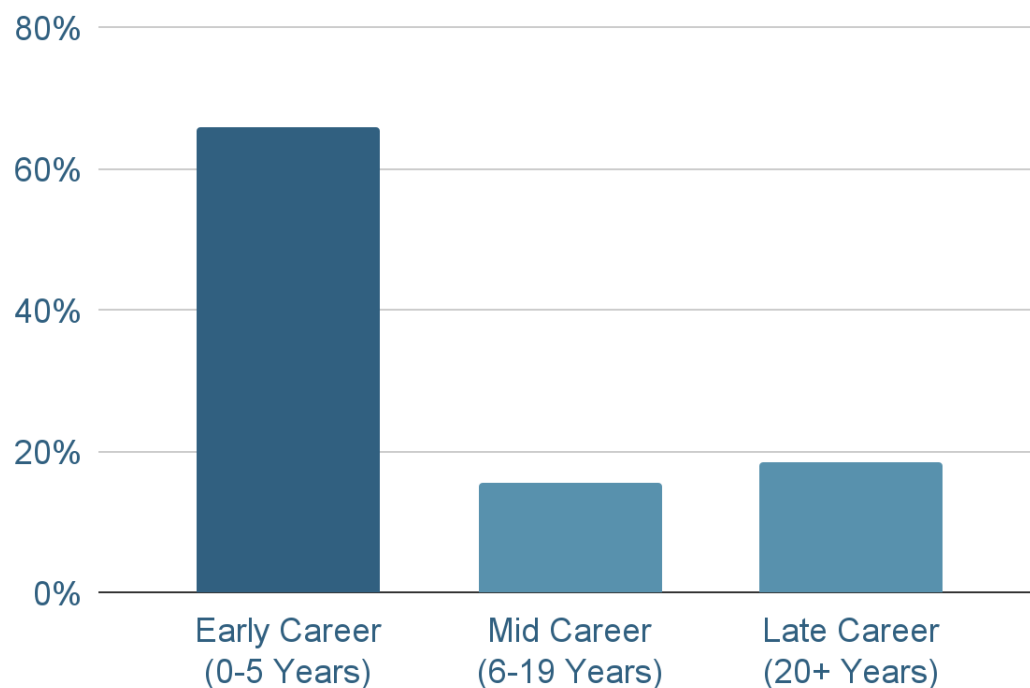
Utah has a high rate of repeat offenders

- The National Practitioner Data Bank (NPDB) tracks **adverse actions**² (e.g., loss of license) and **medical malpractice payments** for BH
- **44.4%** of Utah BH practitioners with an NPDB report will offend again, which is very high relative to the US median (25%).
- **Utah ranks #4** among US states for highest proportion of repeat offenders among BH practitioners with at least one NPDB report.

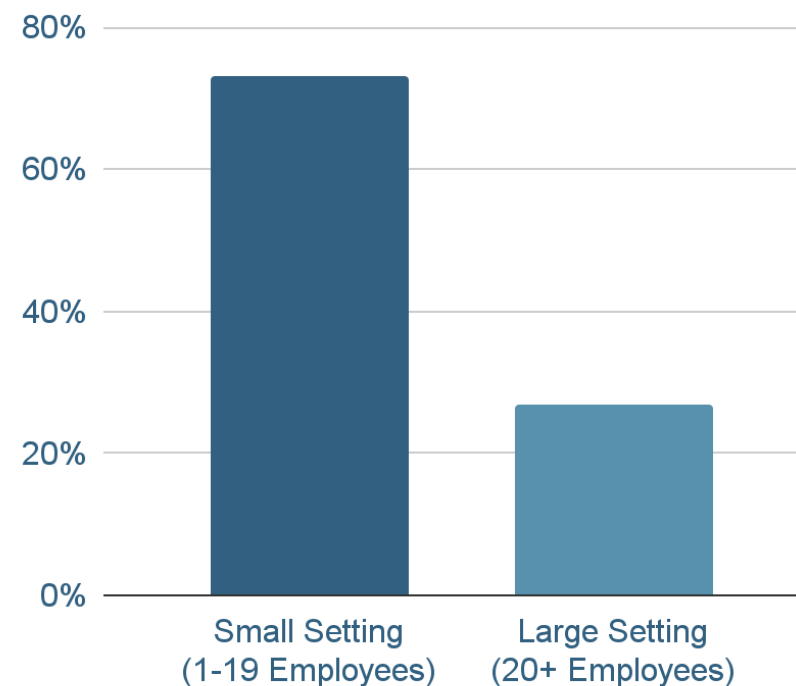
1. Annual refers to the yearly average number of reports across the given time period. 2. Adverse actions reduce, restrict, suspend, or deny clinical privileges or membership in a healthcare organization or program. This includes actions related to: State Licensure/Certification, Clinical Privileges/Panel Membership, Drug Enforcement Administration, HHS OIG Exclusion, and Professional Society Membership. 3. Analysis includes all 50 states and D.C. and the following NPDB licenses: Clinical Social Worker, Psychologist, Mental Health Counselor, Professional Counselor, Addictions Counselor, Marriage and Family Therapist, Prof. Cnslrs. of Family/Marriage and Alcohol. 4. Number of BH practitioners from County Health Rankings number of Mental Health Providers, drawn from NPI estimates. Includes: Psychiatrists, Psychologists, Licensed Clinical Social Workers, Counselors, Marriage and Family Therapists, Mental Health Providers that treat alcohol and other drug abuse, and Advanced Practice Nurses specializing in mental health.

Career Stage & Setting Are Linked to Safety Issues

DOPL Substantiated Complaints by Career Stage



DOPL Substantiated Complaints by Setting Size



Utah BH providers report that **supervised training** for early career providers **lacks consistency** and that many providers have **insufficient access to ongoing support** (e.g., via case consultation)

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Recommendations Address Both Access & Safety



Increase Access to BH Care

- **Grow the Workforce**
More providers overall
- **Optimize Providers' Time**
More time at highest and best use
- **Meet High-Need Consumer Demand**
More specialists & extenders



Increase Safety of BH Care

- **Prevent Harm to Consumers**
More effective safeguards
- **Detect Harm to Consumers**
More proactive monitoring methods
- **Course Correct When Harm Occurs**
More coordinated oversight efforts

Recommendation Summary



Train Smarter, Not Harder

- Supervision Hours
- Supervision Quality
- Continuing Education



Expand Pathways & Portability

- Exam Alternatives
- Interstate Compacts
- Addiction Counseling



Strengthen Upstream Monitoring

- Proactive Measures
- UPHP Expansion



Streamline Governance Structure

- Scopes & Authorization
- Multi-Profession Board



Fill Gaps in Career Ladders & Care

- Extender Roles
- Psychology Rx

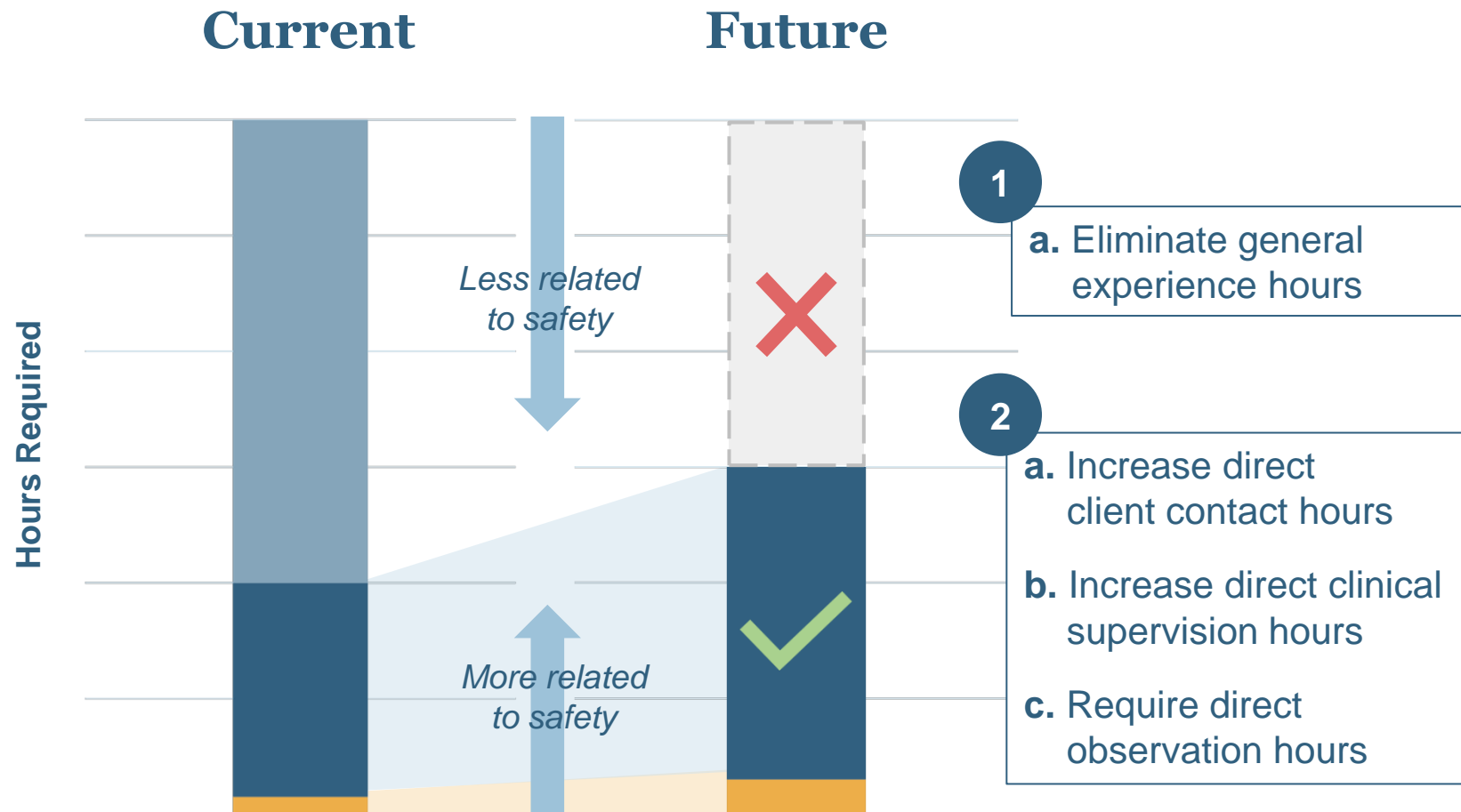
Train Smarter, Not Harder – Supervision Hours*

For master's-level clinical therapists:

- General Experience**
 Non-clinical experiential hours
 (e.g., study & research,
 administrative tasks)

- Direct Client Contact**
 Direct contact with patients;
 performing mental health
 therapy and clinical tasks

- Direct Clinical Supervision**
 Direct contact between
 supervisor and supervisee;
 may include case consultation
 or observation of actual practice

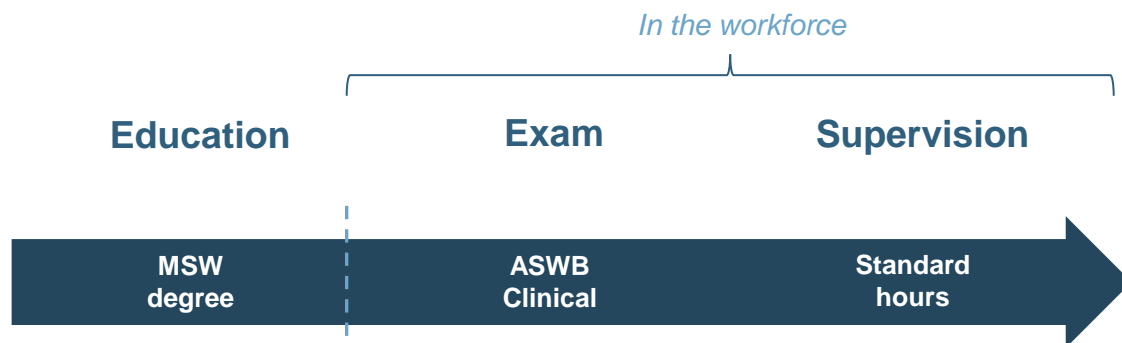


* This recommendation is only in reference to MA-level clinical therapists, meaning LCSW, CMHC, MFT licenses

Expand Paths & Portability – Clinical Exams

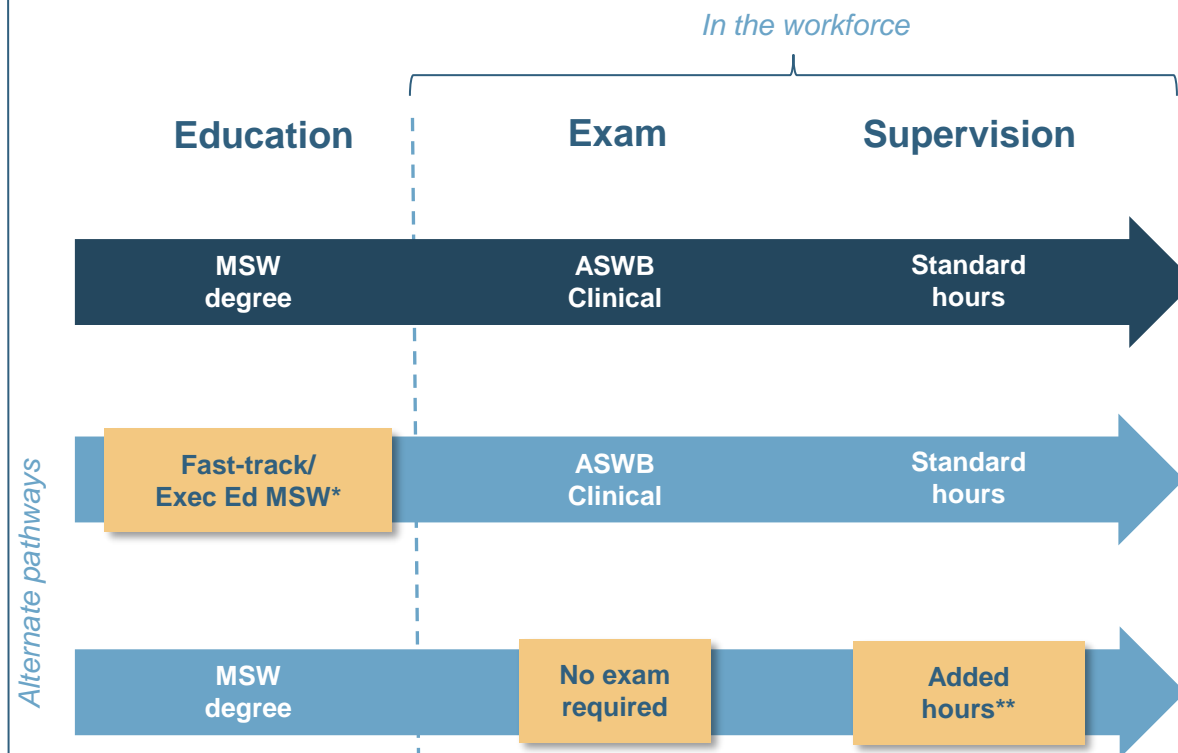
For master's-level clinical therapists:

Current



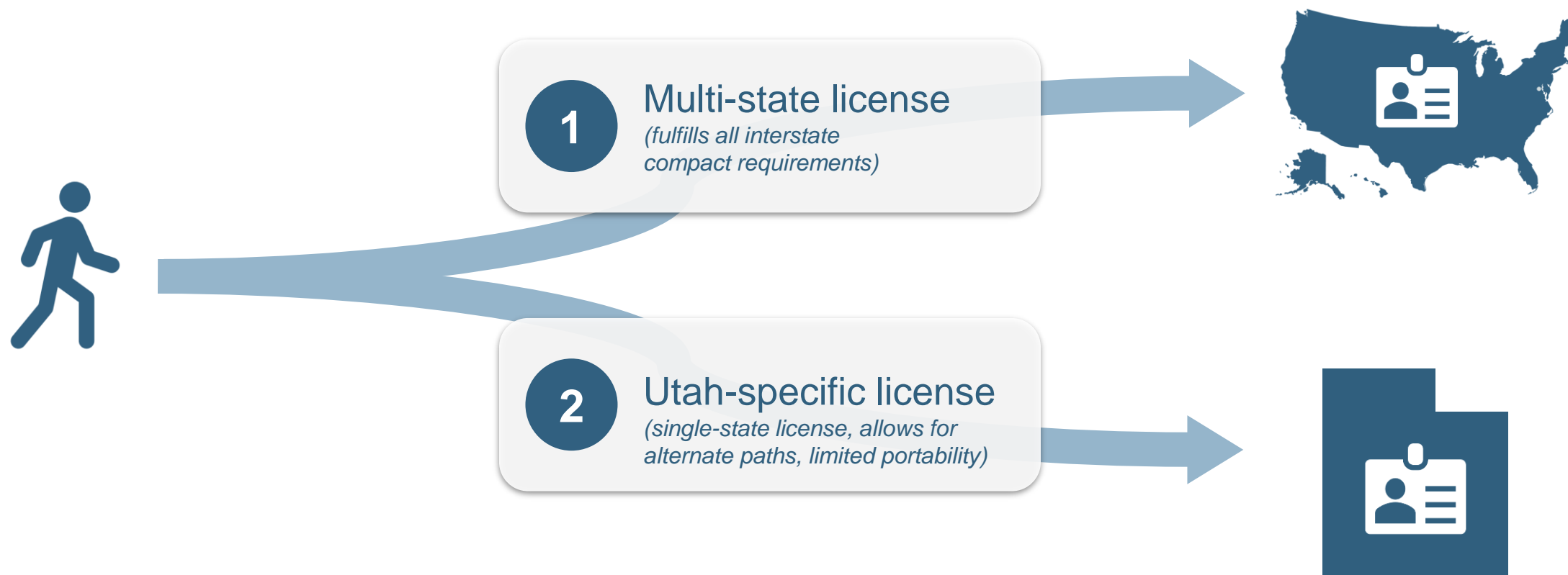
Example pathway for Licensed Clinical Social Worker (LCSW)

Future



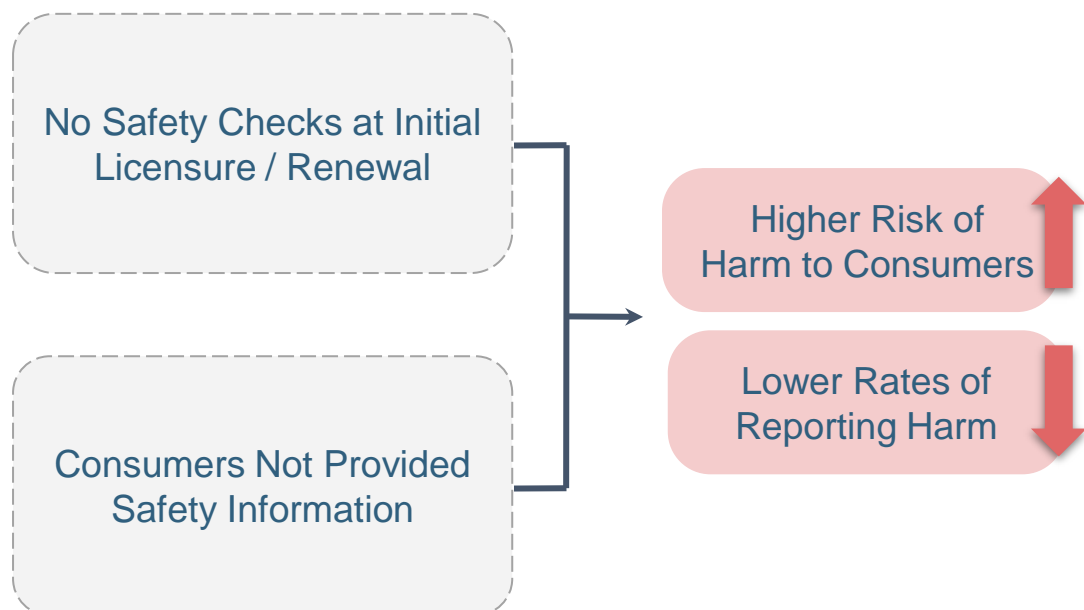
*Exploring in conjunction with USHE/Talent Ready Utah **See previous slides for other changes to supervision/clinical training requirements

Expand Paths & Portability – Compacts

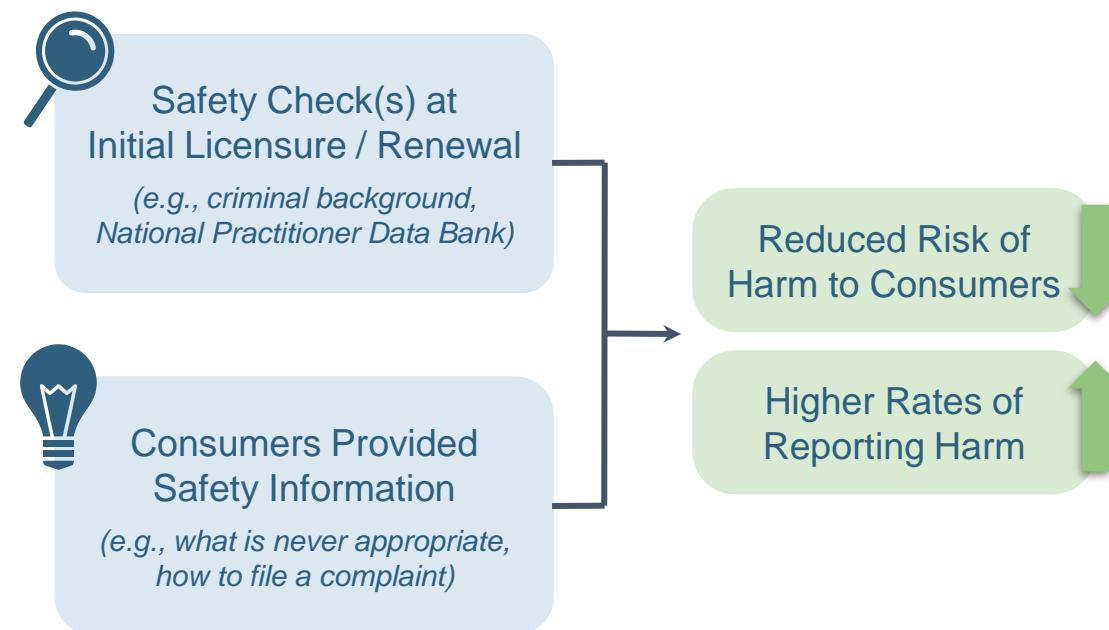


Strengthen Monitoring – Proactive Measures

Current



Future



Strengthen Monitoring – UPHP Expansion

The Utah Professionals Health Program (UPHP) is an alternative to public disciplinary action for licensed professionals who have substance use disorders. It enables individuals to confidentially seek & receive help.

Current

Professionals Served

- Medical Professionals (80.5K)
- Dental Professional (7.5K)
- Veterinary Professionals (1.3K)

Not Served

- BH Professionals (18.6K active licensees)

~89K professionals
~90 participants (current)

Future

Professionals Served

- Medical Professionals (80.5K)
- Dental Professional (7.5K)
- Veterinary Professionals (1.3K)

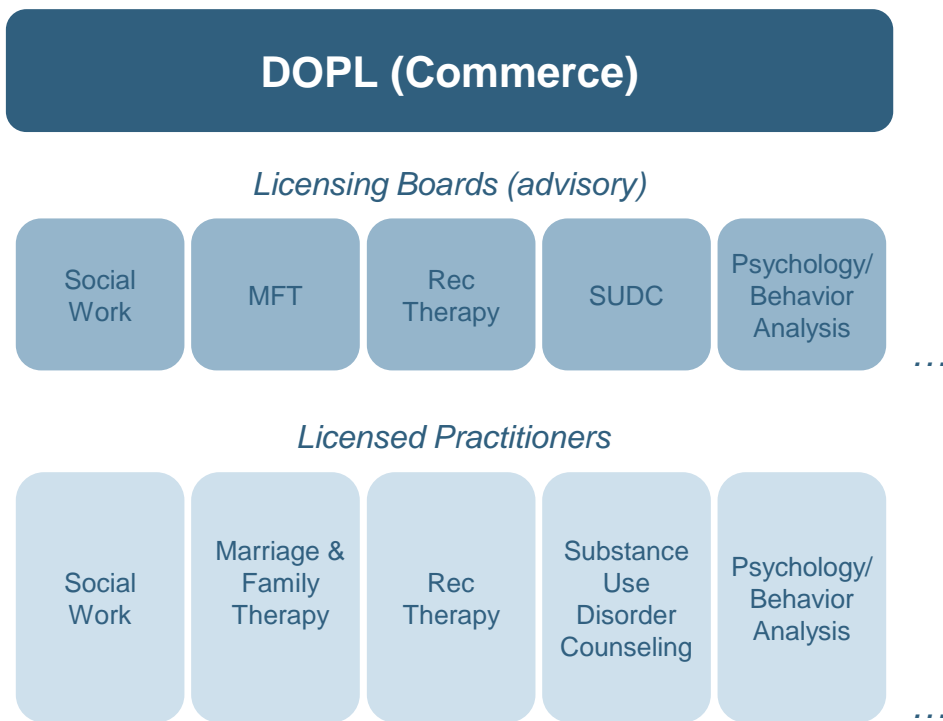


- Behavioral Health Professionals (18.6K)

~108K professionals
~110 participants (estimate)

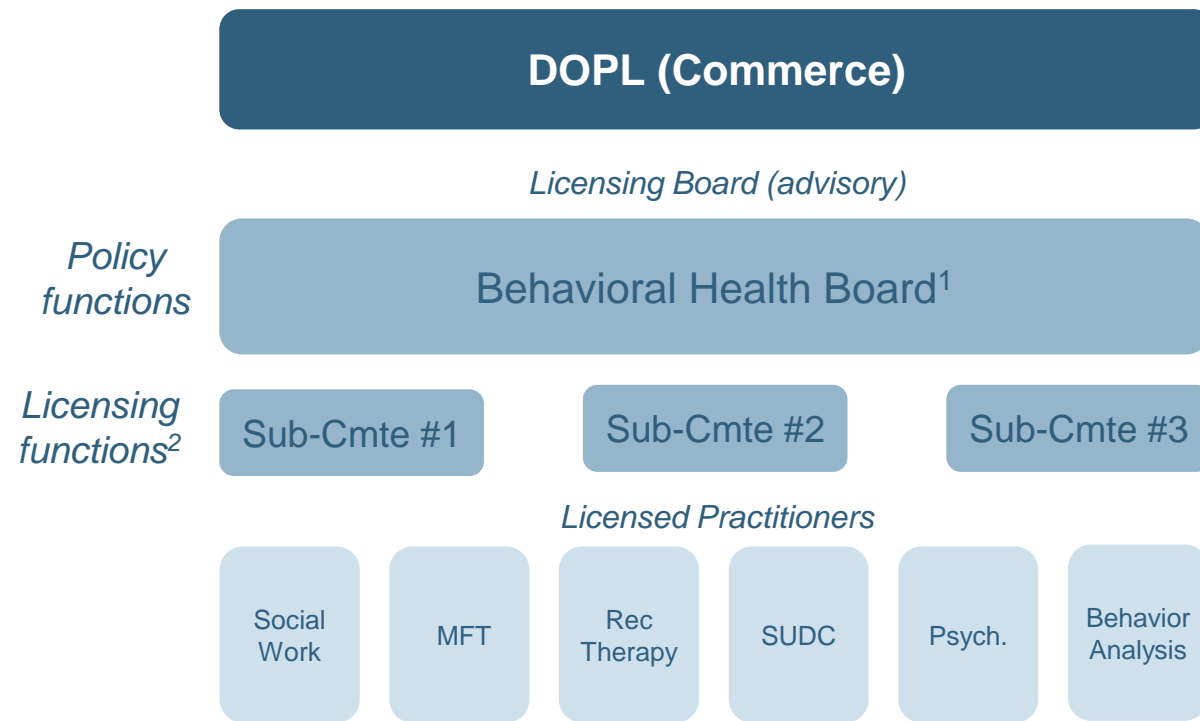
Streamline Governance – Multi-Profession Board

Current



Structure **limits cross-occupation & systems thinking** in policy matters

Future



Structure encourages **collaborative, system level approaches** to policy matters



¹ We also recommend expanding the expertise of the boards to include DHHS officials, population health experts, payors, employers, medical professionals, consumer advocates, and others to give a broad view of the behavioral health system; ² Sub committees would execute licensing functions (like enforcement) with separate sub committees by scope of practice (e.g., clinical therapists, sub-clinical, etc...); committee composition TBD, but would be made up of primarily those licensed to perform the relevant scope of practice.

Fill Gaps in Careers & Care – Extender Roles

Current

| <u>Education</u> | <u>Psychology</u> | <u>Social Work</u> | <u>Counseling & Therapy</u> | <u>Substance Counseling</u> |
|--|-----------------------------|--------------------|---------------------------------|-----------------------------|
| Doctorate + Supervision | Psychologist | | | |
| Masters + Supervision | | LCSW | CMHC/MFT | |
| Bachelors | | SSW | | Advanced SUDC |
| Associates | GAP | | | SUDC* |
| Stand-alone Academic Certificate (1yr) | | | | |
| DHHS Certificate (1 week) | Case Manager, Crisis Worker | | | Peer Support |

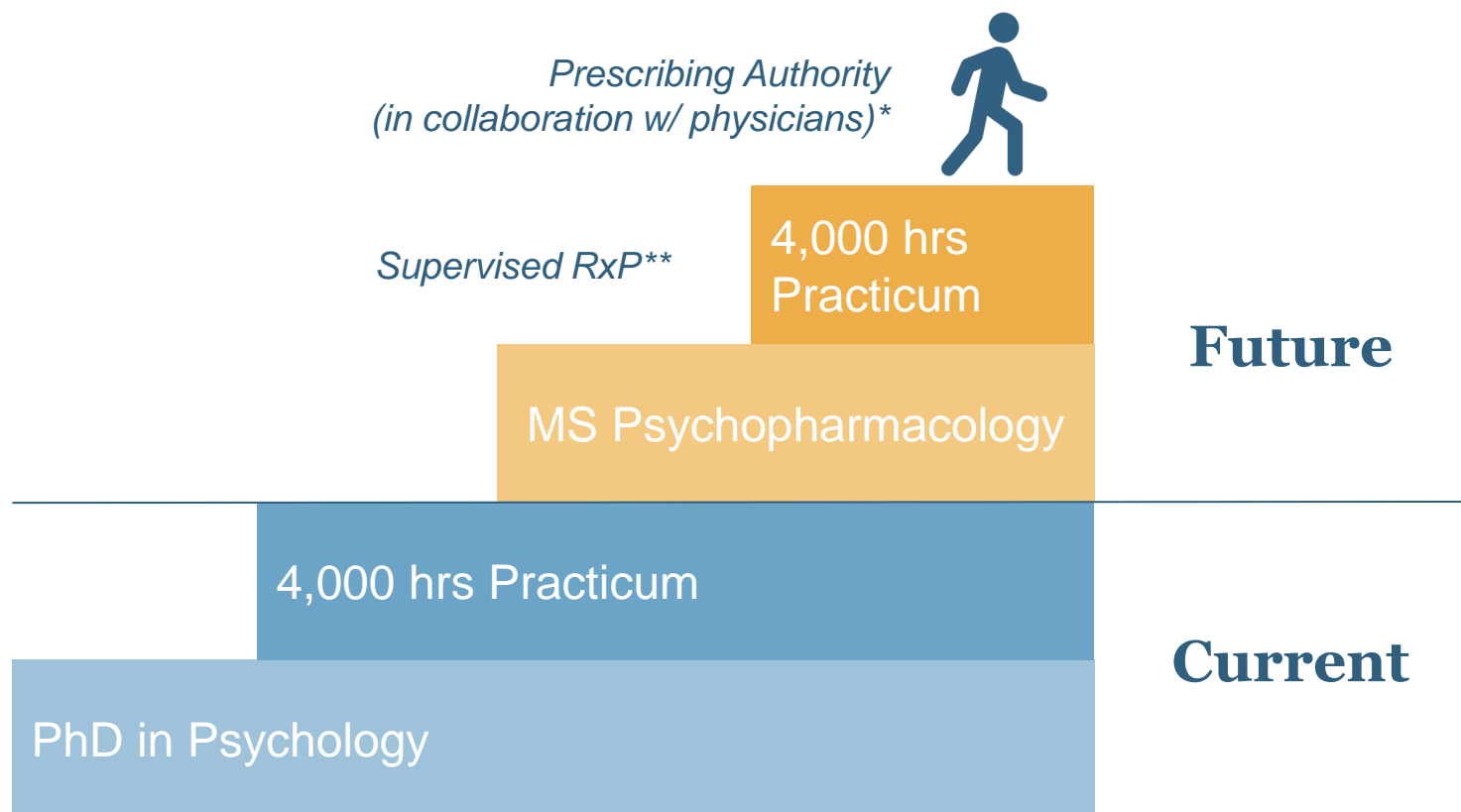
Future

| <u>Education</u> | <u>Psychology</u> | <u>Social Work</u> | <u>Counseling & Therapy</u> | <u>Substance Counseling</u> |
|--|---|--------------------|---------------------------------|-----------------------------|
| Doctorate + Supervision | Psychologist | | | |
| Masters + Supervision | | LCSW | CMHC/MFT | |
| Bachelors | [Generalist Behavioral Health License] | | | |
| Associates | Behavioral Health Technician | | | |
| Stand-alone Academic Certificate (1yr) | | | | |
| DHHS Certificate (1 week) | Case Manager, Crisis Worker | | | Peer Support |

Clinical licenses
 Existing sub-clinical licenses
 NEW sub-clinical licenses

*There are ~280 Associate's-level SUDCs licensed in the state, as opposed to 7,000 clinical social workers, or 2,700 Clinical Mental Health Counselors;

Fill Gaps in Careers & Care – RxP Specialty



RxP refers to prescriptive authority for psychologists

- Prescribing psychologists receive **4x-6x more pharmacology training** than physicians & psych APRNs¹
- RxP legislation **increases access** to care, especially in **rural areas**^{2,3}
- RxP legislation is associated with **decreased suicide rates & deaths** attributable to mental illness^{3,4}
- RxP may be a **cost-effective** strategy for reducing suicide rates⁵
- From 2005-2021, prescribing psychologists had a slightly **lower malpractice claim rate than psychiatrists**—at 2.1% vs. 2.6%⁶

Licensure is Only One Part of the Solution



- Behavioral health (BH) **educational pathways are underdeveloped** at all levels
- Workforce shortages also relate to the **expense** of post-secondary training/education relative to compensation

- The market for BH services (most often covered by insurance) is **highly regulated and constrained**
- BH providers feel **reimbursement rates are low** and stagnant, and insurance may not reimburse **team-based approaches**

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Agencies Coordinating On System-Wide Solutions



Commerce

- Fill gaps in **entry-level licensing / certifications**
- Expand **alternative pathways** and portability
- Strengthen & **streamline supervision** hour requirements
- **Merge** DOPL licensing boards



USHE & TRU

- Create **statewide 1- and 2- year** BH educational programs
- Create **clinical psychology** track for undergrads
- Consider policies and targeted funds **for growth of programs** and to encourage **BH workforce participation** (programmatic growth and scholarships)



DHHS

- Evaluate whether **new Medicaid services** are needed to match new proposed paraprofessional certifications
- Emphasize subclinical practitioners in **public agency staffing** (DCFS, LMHAs)
- Create **inter-agency communication** around facility licensing & DOPL licensing
- Seek ways to reduce practitioners' **reporting and administrative burdens**



Insurance

- **Convene private insurers, public payors, and other key stakeholders** to identify & address root causes of access issues (e.g., paneling, credentialing, & reimbursement)
- Investigate and identify **network adequacy requirements** for behavioral health

GOAL: Aligned, inter-agency reform package



Thank You

Appendix

Relevant Statutes and Rules

26B-5 Health Care - Substance Use and Mental Health

58-1 Division of Professional Licensing Act

58-4 Utah Professionals Health Program

58-60-40 Recreational Therapy Practice Act

58-60 Mental Health Professional Practice Act

58-60-1 General Provisions

58-60-2 Social Worker Licensing Act

58-60-3 Marriage and Family Therapist Licensing Act

58-60-4 Clinical Mental Health Counselor Licensing Act

58-60-5 Substance Use Disorder Counselor Licensing Act

58-60a Counseling Compact

58-61 Psychologist Licensing Act

58-60-78 Vocational Rehabilitation Counselors Licensing Act

58-60-84 State Certification of Music Therapists Act

R156-1 General Rule of the Division of Occupational and Professional Licensing

R156-4 Utah Professionals Health Program Rule

R156-40 Recreational Therapy Practice Act Rule

R156-60 Mental Health Professional Practice Act Rule

R156-61 Psychologist Licensing Act Rule

R156-61a Behavior Analyst Licensing Act Rule

R156-78 Vocational Rehabilitation Counselors Licensing Act Rule

R156-84 State Certification of Music Therapists Act Rule

R523 Human Services, Substance Abuse and Mental Health

Methods Notes: Utah Has An Access Problem

- All data drawn from 1) [the 2020-2021 National Survey of Children's Health](#) and 2) [the 2018-2019 National Survey on Drug Use and Health](#).
- **Utahns Currently Receiving Care** = Children Receiving Mental Health Treatment (78,949) + Children Receiving Substance Use Disorder Treatment at a Specialty Facility (1,000) + Adults Receiving Mental Health Treatment (436,000) + Adults Receiving Substance Use Disorder Treatment at a Specialty Facility (11,000) = 526,949
- **Utahns With an Unmet Need for Care (Upper Bound)** = Children with a Clinical Unmet Need for Mental Health Treatment (68,028) + Children with a Substance Use Disorder Not Receiving Treatment at a Specialty Facility (11,000) + Adults with a Clinical Unmet Need for Mental Health Treatment (300,698) + Adults with a Substance Use Disorder Not Receiving Treatment at a Specialty Facility (135,000) = 514,726
- **Alternative Unmet Need Calculation (Lower Bound)**. An alternative way of calculating unmet need involves substituting perceived unmet need measures for clinical unmet need measures. Children with a Perceived Unmet Need for Mental Health Treatment (27,267) + Children with a Perceived Unmet Need for Substance Use Disorder Treatment (473) + Adults with a Perceived Unmet Need for Mental Health Treatment (172,000) + Adults with a Perceived Unmet Need for Substance Use Disorder Treatment (5,805) = 205,545
- **Limitations**. Because the available data is from 2020-2021 for children and from 2018-2019 for adults, because Utah has experienced substantial population growth during this period, and because the COVID-19 pandemic has increased the prevalence of behavioral health disorders, the figures presented likely represent an underestimate of the number of individuals who might benefit from access to behavioral health care services in the state of Utah. The original figures also do not attempt to control for the double counting of individuals with both substance use disorder and mental health treatment needs, and so may be an overestimate of the total number of individuals needing care.
 - Adjusting for population growth alone gives an estimate of 552K individuals currently receiving care, 540K with a clinical unmet need, and 216K with a perceived unmet need (or a total of ~768K to 1 million individuals needing care).
 - Using national comorbidity rates to reduce double counting produces estimates of 456K individuals currently receiving behavioral health care services, 446K with a clinical unmet need, and 178K with a perceived unmet need (or a total of ~634K to 902K individuals needing care).
 - Adjusting for both population growth and comorbidity of mental health disorders and substance use disorders gives an estimated 478K individuals currently receiving care, 467K with a clinical unmet need, and 187K with a perceived unmet need (or a total of ~665K to 945K individuals needing care).

Methods Notes: Utah Has A Safety Problem

- All data drawn from 1) National Practitioner Data Bank (NPDB) Public Use Data File, which extends from 1990-2023, and 2) the County Health Rankings number of Mental Health Providers, which reliably extends from 2015-2022.
- The NPDB data dictionary, found here: <https://www.npdb.hrsa.gov/resources/publicData.jsp>, provided the information necessary to properly code and label data by variables of interest, e.g. license type and license state.
- State estimates were aggregated by the license state NPDB variable, and missing license state data was imputed, where possible, with work state. In only 1% of reports does license state differ from work state, implying interchangeability between the two.
- To calculate the number of MHP across the 7-year time-span, year level data from the page linked below were appended. In years where a state aggregate was not reported, providers were summed across all counties in each state. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>
- To calculate Annual NPDB Reports per 1,000 BH Practitioners, the number of reports per license (as specified in footnote 3) were summed up by state and year and divided by the number of MHP in the corresponding state and year. These figures were multiplied by 1,000 and then averaged across the 7 year time span.
- To calculate the rate of repeat offenders, the number of practitioners with 2+ reports was divided by the total number of unique practitioners, per state, with reports between 2010-2022. To ensure that practitioners were not counted twice for the same offense, reports of differing types with the same practitioner in the same year were counted as one event. This inherently assumes that if a practitioner had 2 reports of different types filed against him in one year, they originated from the same incident.
- **Limitations.** The County Health Rankings estimate for MHP includes professionals, such as psychiatrists and psychiatric nurses, that were not included in the summation of NPDB reports. Therefore, the two do not cover the exact same population of MHP, which may slightly underestimate the true number of reports per BH professional. Additionally, the filtering method applied to the repeat offenders analysis is not a perfect control for practitioners being double counted. The final figure may double count some reports while removing others that were legitimately unique incidents. Despite this, the analysis was robust to the inclusion of the filter.

Methods Notes: OPLR BH Workforce Survey

- Cross-Profession Minimum Data Set (CPMDS) survey instrument developed by Dr. Hanna Maxey, Director of the Bowen Center for Health Workforce Research & Policy
- Distributed via Qualtrics to all active DOPL licensees in behavioral health professions (16,250 unique individuals) on Feb 27, 2023
- Unique email links prevented duplicate responses

| Distribution Summary | |
|----------------------|-------------|
| Bounce rate | 1% |
| Open Rate | 70% |
| Completion Rate | 91% |
| Total Response Rate | 25% |
| Avg Completion Time | 5-9 minutes |