Sustainability of Community-Based Workforce Development: Lessons Learned from a White House Initiative

Bruce Ecker, PhD
Stacey Lambert, PsyD
The Challenge for Children, Youth, and Transition-Age Adults

- Lifetime prevalence psychiatric disorder those 18 and younger: 55.3% (Kessler et al., 2007)
- Transition age, 18-25: point prevalence of psychiatric disorder 18.5% (6.4 million people), 3.8% debilitating (1.31 million people)
- Overall, fewer than half receive treatment (CDC, 2014), lower for those Black and Latino (Alegria et al., 2008; Kataoka, Zhang and Wells, 2002; McGuire and Miranda, 2008)
- Need: Increased workforce!
Now is the Time Initiative

• A White House Initiative born in the wake of the Sandy Hook, Newtown, CT, school shooting tragedy
  – Goal: increase mental health services and decrease violence among children, adolescents, and transition age youth through training a diverse and well-qualified workforce
  – Funding: Three-year training grant program funding 110 grantees with a total annual expenditure of $30.3 million
  – Participants: Nine psychology doctoral program grantees, including William James College.
William James College (WJC)

- Free-standing college of psychology that educates students to meet the demand for access to high quality, culturally responsive services for individuals, families, communities, and organizations
- Five programs:
  - Clinical Psychology (Doctoral)
  - Counseling Psychology (Master’s)
  - School Psychology (Master’s, Certificate of Advanced Graduate Studies, and Doctoral)
  - Organizational and Leadership Psychology (Master’s and Doctoral)
  - Undergraduate program to begin 2017-2018
• Student body: 700
• Focus: Train for culturally-responsive evidence-based evaluation and treatment of vulnerable populations, including children of adversity, refugees, elders, Latinos, and veterans.
• Located in Newton, Massachusetts
• Founded in 1974 as the Massachusetts School of Professional Psychology (MSPP)
WJC Internship Consortium

• One of two nationally APA accredited internship programs, that are linked for the exclusive use of an academic program
• 2016-2017: 52 half-time two-year placements across 16 sites
  – Seven sites are funded by the Behavioral Health Workforce Education and Training (BHWET) program full or in part
  – Two sites are Graduate Psychology Education
• 2017-2018: 61 half-time two-year placements across 17 sites.
  – Two sites are funded by BHWET (no cost carry-over)
  – Four sites are Graduate Psychology Education
• The program has had a 340% increase in sites, and a 469% increase in interns over the past 10 years
William and James College 
Consortium Sites

Freedman Center
Brenner Center
Charles River Community Health Center
Edward Kennedy Community Health Center
Y.O.U. Inc.
Trauma Center
Wediko Children’s Services
North Shore Medical Center
Harvard Street Neighborhood Health Center
Riverbend Community Mental Health Center
Lynn Community Health Center
Faulkner Hospital
Roger Williams University
Rhode Island College
Human Relations Service
Rhode Island School of Design
Wellesley College
HRSA Behavioral Health Workforce Education and Training Grant (BHWET) at William James College

- 48 half-time internship years (twenty four interns) in seven sites across three years
  - Two community health centers, three community mental health centers, one child development center, one psychological assessment service, two college counseling centers (rotations), one hospital child psychiatry unit (rotation), one public school system (rotation)
- 15,324 hours of service (approximately)
- 5.4% increase in child-interested enrollment
- Grant amount to WJC: $712,557 over three years
- Stipend: $10,000 per year per intern ($20,000 total: two-year placements)
Additional Workforce Problem: Psychology Internship Gap

- 2012: 41% of applicants went without an APA-accredited internship
- 2015: 32% of applicants went without an APA-accredited internship
- Causes of gradual improvement:
  - HRSA and APA training grants
  - 4% decrease in number of internship applicants
- Need for sustainability of internship programs:
  - Training gap
  - Service gap, present and future
Internship Benefits: Non-financial

• Patient service:
  – 2015-2016: 37 Consortium interns provided approximately 11,075 hours of direct service
  – Future patient service
• Workforce development
• Supervisor satisfaction
• Enliven and diversify the workplace
• Serve as a source for hiring choices
• Narrow the internship gap
Internship Financial Analysis: Three Models

• Costs versus revenue and fees per contact:
  – Applicable for fee-generating settings
  – Compares revenue generated versus costs of internship
  – Determines number of contacts needed to offset costs

• Replacement cost model:
  – Applicable in all settings including medical home
  – Costs of services if delivered by senior staff member minus costs of equivalent services delivered by intern
Replacement Cost Model (APA, 2013)

- Assumptions:
  - Four interns per cohort
  - 2.9 FTE staff spend portions of work week in supervision and administration
  - Includes costs of individual and group supervision as well as case consultation and seminars
  - Includes costs for fringe benefits for staff and interns
- Staff replacement costs: $147,610
- Internship program costs: $113,567
- Gain for internship program: $34,043
Costs Versus Revenue: Weekly Costs of Internship Program

- Supervision hours (two per intern): total $125
- Group Supervision (per intern): $32
- Didactic Seminars (2 hours), per participant: $32
- Stipend (40 weeks, 25 hours per week at $10,000 per year): $250
- Total: $439
- Overhead factored in as equivalent for staff and intern
Challenges to Internship Funding in Community Agencies

- Narrow margin of income to costs
- The problem of insurance reimbursement
  - Medicaid: 10 states plus D.C.
  - Paucity of commercial insurers (none in Massachusetts)
  - Low reimbursement rates
- Decreasing number of psychology supervisors
- Need for diverse and multi-lingual internship cohorts
States: Medicaid Reimbursement for Interns

Alaska
Kentucky
Louisiana
Massachusetts
Montana
Nebraska
New Jersey
New Mexico
North Carolina
Washington
District of Columbia
### Revenue for Interns: Reimbursement Rates: Mass. Behavioral Health Partnership 2/1/17

<table>
<thead>
<tr>
<th>Code</th>
<th>90791</th>
<th>90791</th>
<th>90832</th>
<th>90834</th>
<th>90846/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Patient &lt; 21</td>
<td>Patient 21+</td>
<td>Individual Visit 30 minutes</td>
<td>Individual Visit 50 minutes</td>
<td>Family Visit 60 minutes</td>
</tr>
<tr>
<td>Rate</td>
<td>73.91</td>
<td>65.22</td>
<td>22.11</td>
<td>43.62</td>
<td>45.66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>90853</th>
<th>90887</th>
<th>90882</th>
<th>H0046</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Group Therapy 60 minutes</td>
<td>Family Consultation 15 minutes</td>
<td>Case Consultation 15 minutes</td>
<td>Collateral contact &lt; 21 15 minutes</td>
</tr>
<tr>
<td>Rate</td>
<td>16.33</td>
<td>10.91</td>
<td>10.91</td>
<td>11.83</td>
</tr>
<tr>
<td>25% Productivity</td>
<td>40% Productivity</td>
<td>50% Productivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>248.39</td>
<td>397.42</td>
<td>496.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reimbursement: Therapy: Evaluation Mix 4:1 (Weekly Income) (1 of 2)
### Reimbursement: Therapy: Evaluation Mix 4:1 (Weekly Income)(2 of 2)

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>25% Productivity</th>
<th>40% Productivity</th>
<th>50% Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation/Therapy Reimbursement</td>
<td>248</td>
<td>397</td>
<td>497</td>
</tr>
<tr>
<td>Substitute Group (5 participants) for 1 therapy session</td>
<td>286</td>
<td>435</td>
<td>535</td>
</tr>
<tr>
<td>Plus 3 units Consultation/Collateral</td>
<td>319</td>
<td>468</td>
<td>568</td>
</tr>
<tr>
<td>Plus 5 units Consultation/Collateral</td>
<td>341</td>
<td>490</td>
<td>589</td>
</tr>
</tbody>
</table>
## Weekly Net Gain/Loss

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>25% Productivity</th>
<th>40% Productivity</th>
<th>50% Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation/Therapy Reimbursement</td>
<td>-191</td>
<td>-42</td>
<td>58</td>
</tr>
<tr>
<td>Substitute Group (5 participants) for 1 therapy session</td>
<td>-153</td>
<td>-4</td>
<td>96</td>
</tr>
<tr>
<td>Plus 3 units Consultation/Collateral</td>
<td>-120</td>
<td>29</td>
<td>129</td>
</tr>
<tr>
<td>Plus 5 units Consultation/Collateral</td>
<td>-90</td>
<td>51</td>
<td>150</td>
</tr>
</tbody>
</table>
 Means to Increase Productivity

- Stagger sessions (three sessions scheduled in two hours)
- Reminder calls
- Groups
- Clinics (e.g., depression, anxiety, disruptive behavior, medication adherence, ADHD, obesity)
- Active integrated care
Boosts to Income: Psychological Testing

- Up to eleven hours per case billed at $81.96 under supervisor’s name
- Scoring and writing time billable
- Increase in income (compared to eleven hours Individual TX): $421.74
- Add billing for evaluation hour to gain information for prior authorization: $65.22-73.91
- Cost: Additional time in seeking authorization
- Gain over year (six testing cases): $2,530.44
Mixed Income Model

• Engage multiple sources of revenue to support intern training:
  – Insurance reimbursement
  – Contract work:
    • Schools
    • Residential treatment
    • Inpatient
  – Grants
  – Institutional contributions
Boosts to Income: Mixed Income Model (1 of 2)

- School contracts: Evaluation, therapy, and testing
  - Service-based funding regardless of provider: $82 per therapy hour, $38 more than Medicaid (186% increase)
  - Decreases low show rate burden

- Inpatient, residential work:
  - Reimbursement per case
  - Apply cost replacement model

- Capitated contracts/medical home
  - Reimbursement per population
  - Apply cost replacement model
Boosts to Income: Mixed Income Model (2 of 2)

• Grants
  – Large benefit for small investment: 48,300 service hours in 35-year career
• Institutional Contributions: contributed by academic program or professional organization (e.g., APA)
  • Seed money: 50% of stipend in years 1 and 2
  • 25% in years 3 and 4
Actions to Support Sustainability (1 of 2)

• Embrace a financial mindset
• Anticipate self-support
  – Discuss the matter of sustainability early
• Present financial data
• Develop agency champions
• Contact administrative and financial staff; don’t limit yourself to clinical staff
Actions to Support Sustainability (2 of 2)

- Provide financial consultation
- Use available resources
Our BHWET Experience

- Sustainability Evaluation
  - Grant-supported: seven sites, up to 10 slots per year
  - First year post-grant: six sites, nine slots, ongoing, per year
Take Home Messages

1. Develop a financial mindset and accompanying financial knowledge and language
2. Anticipate the need for sustainability early and often
3. Seek multiple sources of revenue
4. Increase productivity
5. Know your billing codes and the opportunities they present
6. Advocate for internship support within both training institution and government
Thank you!

• Bruce Ecker, PhD
  Associate Professor and BHWET Project Director
  bruce_ecker@williamjames.edu
• Stacey Lambert, PsyD
  Department Chair and Associate Vice President of Academic Affairs
  stacey_lambert@williamjames.edu