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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
Topic: Mental Health Professional Shortages In Schools

Dickson City Borough – Dickson City, PA

February 19, 2020

AGENDA

- 2:00 p.m. Welcome and Opening Remarks
- 2:10 p.m. Meghna Panel
Deputy Secretary for Health Innovation
Pennsylvania Department of Health
- 2:20 p.m. *Questions & Answers*
- 2:40 p.m. Panel of Experts:
- Sr. Gail Cabral, Ph.D.
Professor of Psychology, Marywood University
 - Lea Dougherty, MSW
Instructor of Practice and MSW Program Director, Marywood University
 - Sandie Lamanna M.S., Ed.S
Psychologist in Private Practice
 - Jenna Kelly M.S., Ed.S
Psychologist in Private Practice
- 3:20 p.m. *Questions & Answers*
- 3:40 p.m. Closing Remarks



pennsylvania
DEPARTMENT OF HEALTH

**HOUSE DEMOCRATIC POLICY COMMITTEE PUBLIC HEARING
FEBRUARY 19, 2020**

Testimony of:

**MEGHNA PATEL, MHA
DEPUTY SECRETARY FOR HEALTH INNOVATION
PENNSYLVANIA DEPARTMENT OF HEALTH**

Good morning Chairman Sturla, Representative Kosierowski, and members of House Democratic Policy Committee. Thank you for giving me an opportunity to testify about Pennsylvania's mental health professional workforce shortages. I am very pleased to be with you today to discuss this critical topic on behalf of the Pennsylvania Department of Health. I am Meghna Patel, Deputy Secretary for Health Innovation, where I oversee primary health care initiatives.

As you know, access to behavioral health care is essential to combatting mental health issues in Pennsylvania, and lack of mental health providers remains an issue in many parts of the state. Health Professional Shortage Areas (HPSAs) are designations that indicate there is a shortage of needed health care providers that are geographic-, population- or facility-based. According to a December 2019 report from the federal Health Resources and Services Administration (HRSA), there are 6,117 Mental Health Professional Shortage Areas in the United States¹. The total population residing within those HPSAs is 117 million¹. To eliminate shortages within these HPSAs the country would need to add 6,357 mental health providers¹.

In Pennsylvania, there are currently 131 mental health shortage designations, and the state population living within these designations is 1,710,580⁴, which is 13.4% of the total population. In order to eliminate those shortages, Pennsylvania would need to add 101 practitioners, that are psychiatrists, to these areas¹.

Particularly increasing mental health access for adolescents is an important component to addressing mental health care shortages. One in five adolescents has had a severe mental health disorder at some point in their life², and in 2016, 12.8 percent of adolescents had a major depressive episode in the past year³. Co-occurrence of mental health disorders and substance use disorders is also a concern. In 2016, the percentage of adolescents who used illicit drugs was higher among those who had a major depressive episode than it was among those without a major depressive episode (31.7 percent vs. 13.4 percent)³. Depression, substance use disorder, and other mental health disorders are all risk factors for suicide⁴, which was the second leading cause of death among individuals ages 10-24 in the United States in 2017⁵.

The Department of Health has already made progress in addressing behavioral health professional shortages through three programs within the Primary Care Office.

The first is the Conrad 30 and the Appalachian Regional Commission's J-1 Visa Waiver programs. These programs allow medical students from outside the United States who completed medical school in the United States to obtain a waiver to stay in the country after they have completed their studies if they are employed within a shortage area. In Pennsylvania, there are currently seven psychiatrists participating in the Conrad 30 program and one psychiatrist in the Appalachian Regional Commission. There have been 116 psychiatrists that have participated in these programs since their inception in year 1993.

The second program is the State Loan Repayment Program. With a combination of state and federal funds, this program provides healthcare professionals with assistance to pay off student loans. Loan repayment assistance is provided for selected applicants who are currently employed in shortage areas approved by the Department of Health. Other considerations include community needs, Pennsylvania

residency, graduation from Pennsylvania educational institutions, attainment of a health professional license within the past 10 years, and a connection to the community where the applicant is practicing.

There has been a total of 59 behavioral health professionals that have participated in the loan repayment program since behavioral health providers were included in 2014. There are 31 behavioral health professionals currently participating in the program. These professionals consist of:

- 6 Licensed Professional Counselors
- 1 Medical Doctor
- 3 Certified Registered Nurse Practitioners
- 18 Licensed Social Workers
- 1 Physician Assistant
- 1 Psychiatrist
- 1 Psychologist

The third program is the Substance Use Disorder Repayment Program, initiated in conjunction with the Department of Drug and Alcohol Programs. This program offers educational loan repayment to practitioners who provide behavioral health care and treatment for Substance Use Disorder in designated high substance use areas and shortage areas. The program aims to increase access to behavioral health care services associated with opioid use in high-use and underserved communities. There are currently 89 participants in the program with approximately 89 more participants anticipated to start in October of this year. The current participants consist of:

- 19 Physicians
- 4 Physician Assistants
- 12 Certified Registered Nurse Practitioners
- 25 Licensed Professional Counselors
- 5 Licensed Clinical Social Workers
- 10 Licensed Social Workers
- 9 Certified Advanced Alcohol and Drug Counselors
- 5 Certified Alcohol and Drug Counselors

The Wolf Administration recognizes the need to prioritize mental health, and earlier this year announced a multi-agency effort called 'Reach Out PA: Your Mental Health Matters.' This initiative aims to expand resources and collaboration around strengthening mental health care access, combatting mental health stigma and increasing support and proactive resources for children and young adults

Through this new mental health initiative, the Department of Health will review current network adequacy processes to ensure that consumers enrolled in the Medicaid program and commercial insurance products are able to access mental health care providers at reasonable costs.

We have made progress in improving our mental health workforce, and the Department supports initiatives and legislation that would further strengthen access to quality mental health care. Ensuring a quality mental health care workforce in Pennsylvania remains a priority and addressing the issue of mental health care access is especially important in the context of our adolescent population.

I thank you for your interest in these important issues and am happy to take any questions you may have at this time.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration. December 31, 2019. Designated Health Professional Shortage Areas Statistics, First Quarter of Fiscal Year 2020 Designated HPSA Quarterly Summary.

² U.S. Department of Health and Human Services, National Institute of Mental Health. (2017). *Mental illness*. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>. Accessed February 11, 2020.

³ Substance Abuse and Mental Health Services Administration. September 2017. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>. Accessed February 11, 2020.

⁴ National Institute of Mental Health. July 2019. Health Topics, Suicide Prevention. Retrieved from <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>. Accessed February 11, 2020.

⁵ National Institute of Mental Health. July 2019. Health Topics, Suicide Prevention. Retrieved from <https://www.nimh.nih.gov/health/statistics/suicide.shtml>. Accessed February 11, 2020.

Designated Health Professional Shortage Areas Statistics

First Quarter of Fiscal Year 2020
Designated HPSA Quarterly Summary

As of December 31, 2019

Bureau of Health Workforce
Health Resources and Services Administration (HRSA)
U.S. Department of Health & Human Services

Designated Health Professional Shortage Areas Statistics

**Table 1. Health Professional Shortage Areas: Number, Population, and Additional Practitioners
Needed for Geographic Areas, Population Groups, and Facilities as of December 31, 2019**

	Number of Designations ⁽¹⁾	Population of Designated HPSAs ⁽²⁾	Percent of Need Met ⁽³⁾	Practitioners Needed to Remove Designations
Primary Medical HPSA Totals	7,655	79,021,721	44.96 %⁽⁴⁾	14,392⁽⁷⁾
Geographic Area	1,352	32,932,624	58.28 %	4,255
Population Group	1,690	45,168,545	36.62 %	9,533
Facility	4,613	920,552	33.74 %	604
Dental HPSA Totals	6,820	57,269,663	29.19 %⁽⁵⁾	10,258⁽⁸⁾
Geographic Area	597	11,327,754	49.76 %	1,299
Population Group	1,765	44,971,419	24.31 %	8,511
Facility	4,458	970,490	31.17 %	448
Mental Health HPSA Totals	6,117	116,555,174	27.09 %⁽⁶⁾	6,335⁽⁹⁾
Geographic Area	1,042	79,679,602	29.78 %	3,601
Population Group	463	35,629,928	17.92 %	2,109
Facility	4,612	1,245,644	36.89 %	625

Designated Health Professional Shortage Areas Statistics

Table 2. Health Professional Shortage Areas: Rural/Non-Rural Classification as of December 31, 2019

	Number of Designations ⁽¹⁾	Percentage of All Designations ⁽¹⁰⁾	Population of Designated HPSAs	Practitioners Needed to Remove Designations
Primary Medical HPSA Totals	7,655		79,021,721	14,392
Rural	4,817	62.93 %	23,313,691	3,850
Geographic Area	896	11.70 %	13,447,325	1,756
Population Group	912	11.91 %	9,378,311	1,776
Facility	3,009	39.31 %	488,055	318
Non-Rural	2,367	30.92 %	38,131,839	7,679
Geographic Area	239	3.12 %	11,786,434	1,609
Population Group	525	6.86 %	25,912,908	5,784
Facility	1,603	20.94 %	432,497	286
Partially Rural⁽¹¹⁾	466	6.09 %	17,534,078	2,852
Geographic Area	213	2.78 %	7,656,752	879
Population Group	253	3.31 %	9,877,326	1,973
Unknown⁽¹²⁾	5	0.07 %	42,113	11
Geographic Area	4	0.05 %	42,113	11
Facility	1	0.01 %		
Dental HPSA Totals	6,820		57,269,663	10,258
Rural	4,395	64.44 %	18,461,308	3,214
Geographic Area	462	6.77 %	6,439,866	778
Population Group	1,021	14.97 %	11,562,177	2,232
Facility	2,912	42.70 %	459,265	204
Non-Rural	2,082	30.53 %	26,954,012	4,935
Geographic Area	67	0.98 %	2,823,852	285
Population Group	470	6.89 %	23,618,935	4,406
Facility	1,545	22.65 %	511,225	244
Partially Rural⁽¹¹⁾	338	4.96 %	11,789,223	2,097
Geographic Area	66	0.97 %	2,025,273	229
Population Group	272	3.99 %	9,763,950	1,868
Unknown⁽¹²⁾	5	0.07 %	65,120	12
Geographic Area	2	0.03 %	38,763	7
Population Group	2	0.03 %	26,357	5

Designated Health Professional Shortage Areas Statistics

	Number of Designations ⁽¹⁾	Percentage of All Designations ⁽¹⁰⁾	Population of Designated HPSAs	Practitioners Needed to Remove Designations
Facility	1	0.01 %		
Mental Health HPSA Totals	6,117		116,555,174	6,335
Rural	3,730	60.98 %	25,278,786	1,661
Geographic Area	626	10.23 %	22,295,332	1,200
Population Group	110	1.80 %	2,367,601	180
Facility	2,994	48.95 %	615,853	281
Non-Rural	1,944	31.78 %	37,731,313	2,129
Geographic Area	129	2.11 %	17,484,021	688
Population Group	198	3.24 %	19,617,501	1,097
Facility	1,617	26.43 %	629,791	344
Partially Rural⁽¹¹⁾	439	7.18 %	53,304,831	2,530
Geographic Area	285	4.66 %	39,854,982	1,711
Population Group	154	2.52 %	13,449,849	819
Unknown⁽¹²⁾	4	0.07 %	240,244	15
Geographic Area	2	0.03 %	45,267	2
Population Group	1	0.02 %	194,977	13
Facility	1	0.02 %		

Designated Health Professional Shortage Areas Statistics

Table 3. Primary Care Health Professional Shortage Areas, by State, as of December 31, 2019

Primary Care	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽³⁾	Practitioners Needed to Remove Designations ⁽⁶⁾
HPSA Total	7,655	1,352	1,690	4,613	79,021,721	44.96 %	14,392
Region I	245	23	52	170	1,355,345	32.35 %	309
Connecticut	41	0	22	19	441,228	0.23 %	148
Maine	71	13	9	49	95,094	45.38 %	16
Massachusetts	67	5	9	53	540,115	39.32 %	111
New Hampshire	28	2	6	20	96,317	59.46 %	14
Rhode Island	13	1	3	9	159,827	69.27 %	17
Vermont	25	2	3	20	22,764	61.79 %	3
Region II	252	12	80	160	6,733,761	21.80 %	1,778
New Jersey	36	0	0	36	28,731	24.71 %	22
New York	172	9	63	100	4,909,157	27.79 %	1,187
Puerto Rico	39	0	17	22	1,690,276	1.91 %	554
U.S. Virgin Islands	5	3	0	2	105,597	58.12 %	15
Region III	446	82	109	255	4,001,655	51.90 %	641
Delaware	13	2	4	7	233,863	32.80 %	55
District of Columbia	14	3	3	8	240,468	27.85 %	58
Maryland	47	7	20	20	801,473	55.46 %	112
Pennsylvania	151	15	25	111	511,192	44.89 %	114
Virginia	108	49	16	43	1,575,234	62.37 %	185
West Virginia	113	6	41	66	639,425	46.23 %	117
Region IV	1,427	282	465	680	21,108,560	44.45 %	3,946
Alabama	107	43	18	46	2,295,274	58.70 %	316
Florida	282	18	118	146	6,063,708	21.40 %	1,636
Georgia	244	55	97	92	3,235,217	42.09 %	644
Kentucky	203	51	47	105	1,348,604	56.54 %	188
Mississippi	149	53	26	70	1,744,186	41.25 %	340
North Carolina	196	22	67	107	1,982,197	46.87 %	333
South Carolina	96	15	29	52	1,944,524	67.30 %	217
Tennessee	150	25	63	62	2,494,850	67.46 %	272

Designated Health Professional Shortage Areas Statistics

Primary Care	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽³⁾	Practitioners Needed to Remove Designations ⁽⁶⁾
Region V	1,149	193	236	720	11,325,499	56.16 %	1,616
Illinois	250	40	74	136	3,182,062	54.02 %	474
Indiana	127	34	30	63	2,126,264	77.02 %	159
Michigan	324	22	58	244	2,819,313	42.14 %	539
Minnesota	153	33	22	98	559,310	52.07 %	86
Ohio	156	40	23	93	1,497,986	57.18 %	209
Wisconsin	139	24	29	86	1,140,564	59.29 %	149
Region VI	1,014	256	226	532	12,148,197	57.32 %	1,690
Arkansas	90	17	42	31	628,023	57.31 %	91
Louisiana	157	43	25	89	2,259,631	65.80 %	249
New Mexico	110	26	9	75	1,055,757	23.43 %	260
Oklahoma	208	13	62	133	1,253,011	59.29 %	175
Texas	449	157	88	204	6,951,775	59.35 %	915
Region VII	795	64	187	544	3,103,293	28.93 %	721
Iowa	152	29	24	99	606,991	57.42 %	82
Kansas	194	18	65	111	780,480	49.42 %	128
Missouri	344	8	98	238	1,696,769	10.07 %	508
Nebraska	105	9	0	96	19,053	38.50 %	3
Region VIII	594	168	104	322	2,944,530	43.14 %	558
Colorado	129	25	37	67	1,111,432	35.23 %	257
Montana	143	25	31	87	415,060	33.73 %	88
North Dakota	97	47	3	47	195,816	33.77 %	38
South Dakota	105	36	15	54	259,536	39.68 %	51
Utah	71	16	13	42	774,783	61.20 %	100
Wyoming	49	19	5	25	187,903	53.81 %	24
Region IX	1,009	204	138	667	12,603,386	43.02 %	2,368
Arizona	220	52	36	132	2,848,436	40.90 %	558
California	656	119	86	451	7,659,912	42.75 %	1,453
Hawaii	33	9	2	22	694,247	53.07 %	94

Designated Health Professional Shortage Areas Statistics

Primary Care	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽³⁾	Practitioners Needed to Remove Designations ⁽⁶⁾
Nevada	82	16	13	53	948,520	47.59 %	170
American Samoa	2	1	0	1	55,009	5.45 %	17
Federated States of Micronesia	8	3	1	4	101,519	0.00 %	34
Guam	2	1	0	1	178,457	72.28 %	16
Marshall Islands	2	1	0	1	53,158	0.00 %	18
Northern Mariana Islands	2	1	0	1	53,366	72.13 %	4
Republic of Palau	2	1	0	1	10,762	0.00 %	4
Region X	724	68	93	563	3,697,495	35.20 %	765
Alaska	273	15	0	258	105,032	26.34 %	24
Idaho	100	14	29	57	488,546	48.93 %	81
Oregon	148	12	32	104	895,684	51.78 %	144
Washington	203	27	32	144	2,208,233	25.28 %	516

Designated Health Professional Shortage Areas Statistics

Table 4. Dental Health Professional Shortage Areas, by State, as of December 31, 2019

Dental Health	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽⁴⁾	Practitioners Needed to Remove Designations ⁽⁷⁾
HPSA Total	6,820	597	1,765	4,458	57,269,663	29.19 %	10,258
Region I	239	18	53	168	1,269,417	38.60 %	196
Connecticut	37	0	19	18	394,804	0.00 %	100
Maine	83	13	22	48	329,654	39.87 %	45
Massachusetts	60	3	4	53	325,244	76.11 %	21
New Hampshire	23	0	3	20	29,796	40.45 %	5
Rhode Island	13	0	4	9	160,491	43.63 %	23
Vermont	23	2	1	20	29,428	53.66 %	2
Region II	193	4	46	143	3,385,900	19.03 %	703
New Jersey	35	0	0	35	39,776	42.94 %	17
New York	130	1	46	83	3,231,542	17.81 %	665
Puerto Rico	24	1	0	23	12,965	16.56 %	4
U.S. Virgin Islands	4	2	0	2	101,617	33.50 %	17
Region III	442	42	154	246	5,110,044	37.95 %	804
Delaware	10	0	3	7	178,124	6.83 %	50
District of Columbia	11	0	2	9	82,914	2.41 %	21
Maryland	44	9	15	20	835,289	21.61 %	148
Pennsylvania	165	2	56	107	1,987,740	47.86 %	277
Virginia	100	22	38	40	1,300,606	44.39 %	173
West Virginia	112	9	40	63	725,371	28.70 %	135
Region IV	1,279	141	502	636	18,589,339	23.33 %	3,624
Alabama	86	0	43	43	1,828,616	20.56 %	376
Florida	262	5	111	146	5,652,800	12.58 %	1,270
Georgia	190	40	83	67	2,011,827	22.57 %	393
Kentucky	171	14	55	102	784,180	39.13 %	117
Mississippi	145	56	23	66	1,801,422	45.82 %	248
North Carolina	178	3	76	99	2,493,522	12.41 %	547
South Carolina	90	20	18	52	1,649,030	41.14 %	247
Tennessee	157	3	93	61	2,367,942	29.33 %	426

Designated Health Professional Shortage Areas Statistics

Dental Health	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽⁴⁾	Practitioners Needed to Remove Designations ⁽⁷⁾
Region V	1,093	17	362	714	8,736,224	29.78 %	1,571
Illinois	214	4	74	136	2,258,887	38.12 %	357
Indiana	114	1	53	60	1,300,449	32.40 %	224
Michigan	305	1	62	242	1,446,086	6.22 %	350
Minnesota	167	9	57	101	715,650	23.50 %	136
Ohio	149	2	66	81	1,789,627	34.23 %	299
Wisconsin	144	0	50	94	1,225,525	36.30 %	205
Region VI	823	149	163	511	6,861,859	43.11 %	997
Arkansas	85	8	50	27	639,347	36.94 %	101
Louisiana	149	35	27	87	2,202,055	53.96 %	254
New Mexico	100	21	16	63	889,463	21.14 %	174
Oklahoma	197	6	57	134	847,263	40.13 %	135
Texas	292	79	13	200	2,283,731	44.15 %	333
Region VII	772	43	187	542	2,742,811	18.70 %	546
Iowa	156	8	47	101	404,571	35.15 %	70
Kansas	185	24	55	106	610,864	25.91 %	103
Missouri	334	11	84	239	1,725,712	12.34 %	373
Nebraska	97	0	1	96	1,664	0.00 %	0
Region VIII	491	79	99	313	2,187,380	42.52 %	320
Colorado	110	20	29	61	848,143	37.99 %	137
Montana	127	10	31	86	351,150	31.97 %	61
North Dakota	70	23	2	45	103,566	33.78 %	13
South Dakota	82	17	11	54	148,571	23.14 %	32
Utah	69	5	22	42	686,300	58.39 %	72
Wyoming	33	4	4	25	49,650	51.72 %	5
Region IX	813	70	107	636	4,776,128	29.51 %	844
Arizona	210	38	47	125	2,338,245	34.49 %	380
California	486	15	41	430	1,090,138	22.28 %	214
Hawaii	26	2	2	22	112,070	53.34 %	13

Designated Health Professional Shortage Areas Statistics

Dental Health	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽⁴⁾	Practitioners Needed to Remove Designations ⁽⁷⁾
Nevada	73	7	16	50	877,695	32.99 %	152
American Samoa	2	1	0	1	55,009	0.00 %	14
Federated States of Micronesia	8	4	0	4	102,843	0.00 %	26
Guam	2	0	1	1	82,842	5.79 %	20
Marshall Islands	2	1	0	1	53,158	0.00 %	11
Northern Mariana Islands	2	1	0	1	53,366	0.00 %	11
Republic of Palau	2	1	0	1	10,762	0.00 %	3
Region X	675	34	92	549	3,610,561	24.17 %	653
Alaska	262	13	0	249	115,203	32.97 %	18
Idaho	96	6	35	55	497,349	43.16 %	69
Oregon	134	0	34	100	1,079,095	20.41 %	213
Washington	183	15	23	145	1,918,914	20.57 %	353

Designated Health Professional Shortage Areas Statistics

Table 5. Mental Health Care Health Professional Shortage Areas, by State, as of December 31, 2019

Mental Health Care	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽⁵⁾	Practitioners Needed to Remove Designations ⁽⁸⁾
HPSA Total	6,117	1,042	463	4,612	116,555,174	27.09 %	6,335
Region I	205	21	13	171	2,171,530	31.18 %	119
Connecticut	34	3	7	24	1,120,922	14.04 %	61
Maine	60	12	0	48	260,862	33.00 %	29
Massachusetts	57	1	5	51	273,138	32.18 %	17
New Hampshire	22	3	0	19	92,600	45.19 %	3
Rhode Island	12	2	1	9	424,008	69.50 %	9
Vermont	20	0	0	20			
Region II	256	13	60	183	5,903,797	24.47 %	435
New Jersey	35	0	0	35	39,712	69.84 %	13
New York	173	10	47	116	4,102,718	20.64 %	315
Puerto Rico	44	1	13	30	1,661,225	14.56 %	98
U.S. Virgin Islands	4	2	0	2	100,142	61.36 %	9
Region III	375	57	57	261	5,895,348	32.11 %	419
Delaware	9	0	1	8	88,697	19.14 %	15
District of Columbia	9	1	0	8	133,945	5.30 %	28
Maryland	41	7	11	23	1,051,515	34.79 %	46
Pennsylvania	131	23	2	106	1,710,580	38.42 %	101
Virginia	76	17	9	50	2,202,533	42.62 %	107
West Virginia	109	9	34	66	708,078	17.36 %	122
Region IV	926	129	148	649	27,787,868	23.12 %	1,779
Alabama	63	14	7	42	2,927,845	24.13 %	156
Florida	210	20	44	146	6,737,545	16.48 %	407
Georgia	96	18	9	69	4,910,050	39.18 %	192
Kentucky	131	23	5	103	2,149,202	30.32 %	114
Mississippi	84	14	0	70	2,375,345	26.59 %	278
North Carolina	187	24	57	106	2,886,009	14.52 %	157
South Carolina	71	6	11	54	2,244,211	35.07 %	108
Tennessee	84	10	15	59	3,557,661	11.38 %	367

Designated Health Professional Shortage Areas Statistics

Mental Health Care	Total Designations ⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met ⁽⁵⁾	Practitioners Needed to Remove Designations ⁽⁸⁾
Region V	935	175	32	728	19,900,535	29.57 %	903
Illinois	173	32	5	136	4,873,491	23.33 %	219
Indiana	93	22	1	70	4,236,967	31.48 %	188
Michigan	299	47	15	237	4,226,604	23.61 %	207
Minnesota	107	9	0	98	1,992,941	33.87 %	75
Ohio	115	20	6	89	2,340,301	39.67 %	107
Wisconsin	148	45	5	98	2,230,231	32.92 %	107
Region VI	867	287	50	530	21,622,471	32.33 %	977
Arkansas	48	5	10	33	1,257,964	33.00 %	61
Louisiana	153	53	13	87	3,431,039	25.24 %	161
New Mexico	85	17	2	66	1,383,791	12.71 %	79
Oklahoma	150	4	9	137	1,513,597	28.72 %	72
Texas	431	208	16	207	14,036,080	36.04 %	604
Region VII	615	43	23	549	6,042,325	25.00 %	278
Iowa	116	16	0	100	1,739,098	38.91 %	55
Kansas	132	19	3	110	1,393,455	32.17 %	54
Missouri	266	3	20	243	1,871,798	3.67 %	143
Nebraska	101	5	0	96	1,037,974	50.97 %	26
Region VIII	431	94	15	322	7,216,473	30.73 %	365
Colorado	77	9	6	62	2,574,969	31.38 %	123
Montana	113	20	7	86	573,311	12.14 %	71
North Dakota	85	35	0	50	372,793	15.45 %	24
South Dakota	71	13	1	57	425,450	11.66 %	35
Utah	55	12	1	42	2,708,763	46.65 %	87
Wyoming	30	5	0	25	561,187	31.46 %	25
Region IX	863	151	50	662	14,210,588	25.49 %	771
Arizona	212	64	15	133	2,862,704	11.14 %	181
California	545	67	31	447	8,019,970	29.80 %	407
Hawaii	28	4	2	22	524,343	20.99 %	25

Designated Health Professional Shortage Areas Statistics

Mental Health Care	Total Designations⁽¹⁾	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met⁽⁵⁾	Practitioners Needed to Remove Designations⁽⁶⁾
Nevada	60	8	1	51	2,445,591	35.38 %	111
American Samoa	2	1	0	1	55,009	0.00 %	12
Federated States of Micronesia	8	4	0	4	102,843	0.00 %	23
Guam	2	0	1	1	82,842	2.35 %	5
Marshall Islands	2	1	0	1	53,158	0.00 %	3
Northern Mariana Islands	2	1	0	1	53,366	0.00 %	3
Republic of Palau	2	1	0	1	10,762	0.00 %	1
Region X	644	72	15	557	5,804,239	17.82 %	289
Alaska	269	18	0	251	276,673	22.97 %	10
Idaho	65	6	1	58	1,274,325	24.33 %	55
Oregon	123	13	8	102	1,416,803	21.69 %	74
Washington	187	35	6	146	2,836,438	12.23 %	150

Designated Health Professional Shortage Areas Statistics

Endnotes

- (1) The number of designations includes HPSAs that are proposed for withdrawal (P) and HPSAs that have no data (N). Designations are not withdrawn until a Federal Register Notice is published, generally once a year on or around July 1.
- (2) The figure reported for the Population of Designated Facility HPSAs for both Primary Care and Dental reflects the number of internees in designated correctional facilities. The figure reported for the Population of Designated Facility HPSAs for Mental Health reflects the number of internees in designated correctional facilities, as well as the average daily inpatient census for state and county mental hospitals designated after September 1, 2015. For reports generated prior to September 1, 2015, the Population of Designated Facility HPSAs for all disciplines included populations served by other public or non-profit facilities. These are facilities that qualify for HPSA designation by demonstrating that even though they are not located in a geographic or population HPSA, they serve the populations of geographic and population HPSAs. As a result, these populations were potentially double counted.
- (3) The figure reported for Percent of Need Met for facility HPSAs includes correctional facilities and state mental hospitals. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet National Health Service Corps (NHSC) site requirements.
- (4) The percent of need met is computed by dividing the number of primary care physicians available to serve the population of the area, group, or facility by the number of primary care physicians that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a primary care HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For primary care geographic designations, the population to provider ratio must be at least 3,500 to 1. For primary care population designations or geographic designations in areas with unusually high needs, the threshold is 3,000 to 1. For correctional facilities, the threshold is 1,000:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.
- (5) The percent of need met is computed by dividing the number of dentists available to serve the population of the area, group, or facility by the number of dentists that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a dental HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For dental geographic designations, the ratio must be at least 5,000 to 1. For dental population designations or geographic designations in areas with unusually high needs, the threshold is 4,000 to 1. For correctional facilities, the threshold is 1,500:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.
- (6) The percent of need met is computed by dividing the number of mental health providers available to serve the population of the area, group, or facility by the number of mental health providers that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a mental health HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. Mental health designations may qualify for designation based on the population to psychiatrist ratio, the population to core mental health provider (psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) ratio, or the population to both psychiatrist and core mental health provider ratios. For mental health geographic designations based on the ratio of population to psychiatrist ratio, the designation must have a ratio of 30,000 to 1, while for population designations or geographic designations in areas with unusually high needs, the threshold is 20,000 to 1. For mental health geographic designations based on the ratio of population to core mental health providers, the designation must have a ratio of 9,000 to 1, while for population designations or geographic designations in areas with unusually high needs, the threshold is 6,000 to 1. For mental health geographic designations based on the ratios of both population to psychiatrist and population to core mental health providers, the designation must have ratios of 20,000 to 1 (psychiatrists) and 6,000 to 1 (core mental health providers), while for population designations or geographic designations in areas with unusually high needs, the thresholds are 15,000 to 1 (psychiatrists) and 4,500 to 1 (core mental health providers). For correctional facilities, the threshold is 2,000:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed. For state mental hospitals, the calculation is based on workload units, which are a function of the average daily inpatient census and the number and type of admissions. For correctional facilities and state mental hospitals, psychiatrists are the only provider type counted.

Designated Health Professional Shortage Areas Statistics

Endnotes

- (7) The number of additional primary care physicians needed to achieve a population-to-primary care physician ratio below the thresholds necessary for designation in all designated primary care HPSAs that would result in their removal from designation. The formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by nurse practitioners and physician assistants in an area. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.
- (8) The number of additional dentists needed to achieve a population-to-dentist ratio below the thresholds necessary for designation in all designated dental HPSAs that would result in their removal from designation. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.
- (9) The number of additional mental health providers needed to achieve a population-to-provider ratio below the thresholds necessary for designation in all designated mental health HPSAs that would result in their removal from designation. While the regulations allow mental health HPSA designations to be based on the psychiatrist to population ratio, the core mental health provider to population ratio, or both in conjunction, most mental health HPSA designations are currently based on the psychiatrists only to population ratio. If a HPSA designation is based on the ratio of population to psychiatrists only, it does not take into account the availability of additional mental health services provided by other mental health providers in the area, such as clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities and state mental hospitals. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.
- (10) Percentages of all designations classified as rural/non-rural are calculated by dividing the number of designations for the specified subcategory by the total number of designations for each discipline type and multiplying the result by 100. Due to decimal rounding, percentage totals may not equal exactly 100%.
- (11) Partially rural designations are those made up of geographic components that have a mixture of rural, non-rural, and unknown statuses.
- (12) Designations of unknown rural status may include 1) facility HPSAs whose precise location could not be located on a map (i.e. geocoded) or 2) geographic or population group HPSAs that are made up of some or all areas for which rural status is undefined. Rural status may be undefined where rural information or underlying geographic reference data for administrative boundaries is unavailable for the specified geographic area.



Who Are _____

SCHOOL PSYCHOLOGISTS?

Helping Children Thrive • In School • At Home • In Life

WHAT DO SCHOOL PSYCHOLOGISTS DO?

School psychologists provide direct support and interventions to students; consult with teachers, families, and other school-employed mental health professionals (i.e., school counselors, school social workers) to improve support strategies; work with school administrators to improve school-wide practices and policies; and collaborate with community providers to coordinate needed services.

School psychologists help schools successfully:

Improve Academic Achievement

- Promote student motivation and engagement
- Conduct psychological and academic assessments
- Individualize instruction and interventions
- Manage student and classroom behavior
- Monitor student progress
- Collect and interpret student and classroom data
- Reduce inappropriate referrals to special education.

Promote Positive Behavior and Mental Health

- Improve students communication and social skills
- Assess student emotional and behavioral needs
- Provide individual and group counseling
- Promote problem solving, anger management, and conflict resolution
- Reinforce positive coping skills and resilience
- Promote positive peer relationships and social problem solving
- Make referrals to and coordinate services with community-based providers

Support Diverse Learners

- Assess diverse learning needs
- Provide culturally responsive services to students and families from diverse backgrounds
- Plan appropriate Individualized Education Programs for students with disabilities
- Modify and adapt curricula and instruction
- Adjust classroom facilities and routines to improve student engagement and learning
- Monitor and effectively communicate with parents about student progress

Create Safe, Positive School Climates

- Prevent bullying and other forms of violence
- Support social-emotional learning
- Assess school climate and improve school connectedness
- Implement and promote positive discipline and restorative justice
- Implement school-wide positive behavioral supports
- Identify at-risk students and school vulnerabilities
- Provide crisis prevention and intervention services

Strengthen Family-School Partnerships

- Help families understand their children's learning and mental health needs
- Assist in navigating special education processes
- Connect families with community service providers when necessary
- Help effectively engage families with teachers and other school staff
- Enhance staff understanding of and responsiveness to diverse cultures and backgrounds
- Help students transition between school and community learning environments, such as residential treatment or juvenile justice programs

Improve School-Wide Assessment and Accountability

- Monitor individual student progress in academics and behavior
- Generate and interpret useful student and school outcome data
- Collect and analyze data on risk and protective factors related to student outcomes
- Plan services at the district, building, classroom, and individual levels

SCHOOL PSYCHOLOGISTS HELP STUDENTS THRIVE

School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community.



WHAT TRAINING DO SCHOOL PSYCHOLOGISTS RECEIVE?

School psychologists receive specialized advanced graduate preparation that includes coursework and practical experiences relevant to both psychology and education. School psychologists typically complete either a specialist-level degree program (at least 60 graduate semester hours) or a doctoral degree (at least 90 graduate semester hours), both of which include a year-long 1,200-hour supervised internship. Graduate preparation develops knowledge and skills in:

- Data collection and analysis
- Assessment
- Progress monitoring
- School-wide practices to promote learning
- Resilience and risk factors
- Consultation and collaboration
- Academic/learning interventions
- Mental health interventions
- Behavioral interventions
- Instructional support
- Prevention and intervention services
- Special education services
- Crisis preparedness, response, and recovery
- Family-school-community collaboration
- Diversity in development and learning
- Research and program evaluation
- Professional ethics, school law, and systems

School psychologists must be credentialed by the state in which they work. They also may be nationally certified by the National School Psychology Certification Board (NSPCB). The National Association of School Psychologists (NASP) sets standards for graduate preparation, credentialing, professional practice, and ethics. The NASP Practice Model (2010) outlines the comprehensive services that school psychologists are encouraged to provide and can be accessed at www.nasponline.org/practicemodel.

WHERE DO SCHOOL PSYCHOLOGISTS WORK?

The vast majority of school psychologists work in K–12 public schools. They also provide services in a variety of other settings, including:

- Private schools
- Preschools
- School district administration offices
- Universities
- School-based health and mental health centers
- Community-based day treatment or residential clinics and hospitals
- Juvenile justice programs
- Independent private practice

WHY DO CHILDREN AND YOUTH NEED SCHOOL PSYCHOLOGISTS?

All children and youth can face problems from time to time related to learning, social relationships, making difficult decisions, or managing emotions such as depression, anxiety, worry, or isolation. School psychologists help students, families, educators, and members of the community understand and resolve both long-term, chronic problems and short-term issues that students may face. They understand how these issues affect learning, behavior, well-being, and school engagement. School psychologists are highly skilled and ready resources in the effort to ensure that all children and youth thrive in school, at home, and in life.

HOW DO I CONTACT A SCHOOL PSYCHOLOGIST?

Every school has access to the services of a school psychologist, although some school psychologists serve two or more schools so may not be at a particular school every day. Most often, school psychologists can be reached by inquiring at the school directly or at the district's central office, or by locating contact information on the school or district website.

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