*psych***NEWS**

The newsletter of the North Carolina Psychology Board

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MENTAL HEALTH SYSTEM REFORM IN NORTH CAROLINA: OTHER PERSPECTIVES

a message from the chair

Jane E. Perrin, Ph.D., Chair

Beginning in 2001, services for public sector consumers of psychological care dramatically changed as a function of reforms mandated by the North Carolina Legislature and implemented by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Goals of reform were to empower individuals by providing them with greater choice of services, improve the quality of services available to them by introducing free market competition among providers, equalize resources across the state, and reduce admissions to state hospitals by utilization of community resources. Results of reform have included divestiture of most clinical services from mental health centers to private providers, increased dependence on local resources for urgent as well as emergent care, and consolidation of the 42 mental health centers to 24 local management entities (LMEs), whose functions are primarily administrative.

In my last newsletter column, I reported on my interview with Michael Lancaster, M.D., the clinical policy chief of the N.C. Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Dr. Lancaster expressed confidence in the effects of changes in public mental health care. Others, including some readers of my column, have not been as positive as Dr. Lancaster. To gain understanding of the criticisms, I interviewed Marvin Swartz, M.D., an expert in systems of psychiatric care and public sector psychiatry who has publicly expressed concern about the events in North Carolina. Dr. Swartz is interim chair of the Department of Psychiatry at Duke University Medical School and head of the Division of Social and Community Psychiatry. I also wanted to find out how professionals "in the trenches" thought mental health policy changes have affected their clients. I spoke with two such individuals, Jodi Lorenzo-Schibley, M.A., executive director of Sanctuary House, a publicly and privately funded agency that provides an array of services to mentally ill persons in Greensboro, and David Talbot, M.D., medical director of HealthServe, the primary care clinic serving low income and indigent persons in Greensboro. HealthServe is part of Moses Cone Health System and receives funding from Guilford County.

Dr. Swartz generally endorsed the goals of reform. He praised the increased availability of some services, such as Assertive Community Treatment, an evidence-based 24-hour wrap-around intervention for persons with severe mental illness. Overall, though, he faulted the implementation of the legislature's mandate. "The system clearly needed to be improved, but you don't achieve this by dismantling the system wholesale, especially without an implementable plan," he said.

Dr. Swartz added, "We lost a lot of continuity of care, especially for the most vulnerable consumers. The one-stop shopping that was critical to the success of the former N.C. community mental health system has been lost. In the old system a consumer could get most clinical needs met at a single location. That's been seriously undermined by reform and the system seriously fragmented by privatization."

He also disputed privatization as a business model for public mental health services. He said, "That kind of profit-driven scheme implies providers will compete for consumers as customers and that such competition will drive efficiency and improve quality, but that doesn't work in a system where there isn't a profit margin to compete for and where the consumers aren't ideal shoppers. Another miscalculation inherent in privatization was the assumption that there were sufficient capital reserves in provider agencies to support their start-up needs. In addition, we didn't have fee structures in place to finance the newly privatized system for a prolonged period. Further, reform assumed that providers who were former employees of public mental health centers were poised to become private sector entrepreneurs and, by and large, that is not who they were, nor where their interests lay. Unfortunately, psychiatrists and psychologists became the loss leaders. They were largely too expensive for a system based on low reimbursement and high no-show rates. In most service categories, you have to cross-subsidize services." Dr. Swartz explained that, according to the current rate structure, professionals struggle to earn enough to support reasonable salaries, and their fees need to be subsidized by other sources.

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Dr. Swartz remarked, "I think we need to find a way to reinstate the public safety net so every citizen has a clinical home to meet their essential mental health needs. Every consumer should have a place to go."

Similarly, Ms. Lorenzo-Schibley was critical of the abruptness of changes in public mental health care. Because of the sudden transfer of care to private agencies, she said, "There were large gaps in the service array that caused increases in hospitalizations."

I asked Ms. Lorenzo-Schibley if she thought public mental health system reform has been worthwhile, in light of the fact that it began eight years ago. She answered, "It's chaotic, a mess. The hoops we have to jump through, I just sit and think who was thinking this? There are times I want to go back to the old days."

Ms. Lorenzo-Schibley added that her job has changed, as well, because she now spends much of her time in meetings to keep up with policies associated with reform that are still in flux. For example, she reported that the state recently initiated discontinuation of community support services because there was an influx of private providers in 2006 who received much publicity when an audit showed that they grossly inflated their charges. Community support programs were responsible for entry to and coordination of other services, such as psychosocial rehabilitation. Ms. Lorenzo-Schiebley stated, "The only rationale for taking away one service and replacing it with something with a different name is for public perception."

As a result of the withdrawal of community support programs, she said, not only is Sanctuary House having to make unnecessary, time-consuming and expensive transitions in their services, but approximately 50 of Sanctuary House's clients will no longer be eligible for services that they need and from which they have benefited.

Ms. Lorenzo-Schibley commented that the recovery model that underlies public mental health system reform is based on individuals' optimal levels of functioning, but many mental health consumers need services to maintain their recovery. She said persons with chronic mental illnesses such as schizophrenia are denied services if their Global Assessment of Functioning score exceeds a certain number, but the nature of their disease is such that their symptom severity varies on a frequent basis. As a result of the withdrawal of services, she said, Sanctuary House's clients are experiencing more frequent hospitalizations and unstable social and occupational functioning.

Dr. Talbot agreed with objectives of reform, such as to take advantage of every delivery system available for seriously mentally ill persons, using best practice standards. He said planning and encouraging additional capacity for these consumers was a good idea. If incentives for providing services had been offered for private agencies and providers, the quality of care for public sector patients could have been improved.

However, Dr. Talbot agreed with Dr. Swartz and Ms. Lorenzo-Schibley that the implementation of reform was problematic. "No infrastructure was in place," he said.

He added, "I would say from the health care delivery and financial standpoint, mental health care reform was poorly organized and executed and not well thought out. The buzzword was 'public-private entities'. The extent of the shift in service providers was ill-conceived and presupposed capacity in the private sector that did not exist. They did not factor in the highly variable capacity of each county, which could be as varied as Rockingham and Guilford. And even in Guilford County, which has relatively robust resources, there were not enough private providers willing or able to deliver services to seriously disturbed consumers."

Dr. Talbot stated, "It's a difficult situation. Safe and adequate care is not being provided. It was incredibly naïve to think that seriously mentally ill people, with complex needs, could adapt to the abrupt changes in service delivery."

Dr. Talbot cited the estimated $400 million waste of funds on overcharges, primarily by community support programs, which also left needed services, such as psychiatric hospitals and direct psychiatric care services by the LME's, underfunded. He stated, "These services were being delivered at high cost with limited financial oversight by the state, and it was obvious to all involved that they were doing a bad job."

Dr. Talbot said his clinic, which has approximately 35,000 patient visits annually, has been adversely affected by mental health reform. During the recession, the number of patients with mental health crises increased. "Many working poor and unemployed were severely affected," he said, and then stated that "There were significant mental health stressors; a number of our patients were suicidal or very stressed."

When he referred his patients for psychiatric hospitalizations, he said, "They were often sent to the LME or Emergency Department for two to three days awaiting an available bed and subsequently moved to a state hospital for three to four days. I interview patients on their return, and I can't tell that they've received significant services. They were assessed, but was there therapy, anyone to talk with them about their problems? Now the system is fragmented and rushed. Patients were being held in a local unit, sent to a state hospital and received very limited services, then sent to me unchanged. "

He added, "I would have to ask: if our state hospitals have been repeatedly cited for poor and dangerous care, local care networks have been severely disrupted, if the state has experienced severe cost overruns in programs with little oversight, and if local hospital services and law enforcement agencies have been severely stressed, with an overall decline in services proven to have good outcomes-how can anyone at the state level say that mental health reform as conceived and executed was 'worthwhile?'"

These professionals with different vantage points were interviewed

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MENTAL HEALTH SYSTEM REFORM *continued from Page 2*

independently, but their attitudes toward state mental health system reform were surprisingly similar. They agreed that the aspirations of North Carolina's mental health reform were positive. However, they expressed adamant concerns about the implementation of changes. The effects, from their points of view, have seemed harmful to consumers and expensive to taxpayers.

The N.C. Psychology Board is keenly interested in issues related to the provision of psychological services in this state, but it does not take a position on public policies. The Board appreciates the willingness of these professionals to give their candid appraisals of our state's public mental health care system.

LEGAL PROCEEDINGS

During the period of time from June 1, 2009, through September 30, 2009, the Board reviewed and closed thirteen investigative cases involving psychologists in which it found either no evidence of probable cause of a violation or insufficient evidence to issue a statement of charges, and reviewed and closed two cases involving non-psychologists. Further, it took the following action:

Elizabeth K. Neal, M.A. - CONSENT ORDER was approved and signed on July 15, 2009. Ms. Neal admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.5(e); 90-270.15(a)(7), & (a)(10), of the N.C. Psychology Practice Act, and 21 NCAC 54 .2008(h), of the North Carolina Psychology Board rules. Ms. Neal's license is REPRIMANDED, and she must successfully complete tutorials. Further, the period of time during which she did not receive adequate supervision will not count toward the time required for reduced supervision, and she must remit $300.00 in assessed costs.

Kristel K. Rider, M.A. - A CONSENT ORDER OF SUMMARY SUSPENSION was approved and signed. The suspension shall remain in effect until the Board issues a Final Decision in the matter or until the parties enter into a Consent Order that is a final determination of this matter. The parties acknowledge that the charges, specified in a letter dated July 21, 2009, form an adequate basis for the Board to conclude that immediate suspension consistent with G.S. § 150B-3 is appropriate and necessary for the public health and safety. Included in the order, the Board granted Ms. Rider's motion to continue the proceedings in this matter from its September 23-25, 2009, calendar, and provided that the proceedings will be scheduled at the next Board meeting on December 2-4, 2009.

John F. Riley, Ph.D. - CONSENT ORDER was approved and signed on June 23, 2009. Dr. Riley admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(10), (a)(11), (a)(17), (a)(20) & (a)(21) of the N.C. Psychology Practice Act, and Standards 1.14, 1.17(a), 1.19(a), 1.23, and 4.05 *the Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association 1992); and Standards 3.04, 3.05(a), 3.08, 6.01, and 10.05 of *the Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association 2002). Dr. Riley's license is REVOKED, and he is assessed $300.00 in costs.

Larry Yarbrough, M.A. - CONSENT ORDER was approved and signed. Mr. Yarbrough admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(10), (a)(15) & (a)(20) of the N.C. Psychology Practice Act, and Standards 3.05(a) & 3.06 of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002). Based on the unique circumstances of this matter, Mr. Yarbrough shall VOLUNTARILY RELINQUISH his license to practice psychology, and he shall not engage in the practice of psychology at any time in the future in any State or jurisdiction. Further, he must remit $300.00 in assessed costs.

NOTE: License verification is available on the Board's website and includes whether or not Board action has been taken on a license.

BOARD RULES .1803 & .2701

REVISED

Randy Yardley, M.A.

On July 1, 2009, two revised Board rules, 21 NCAC 54 .2701 and .1803, went into effect. These rules are codified in the N.C. Administrative Code and cover 1) activities that fall under the definition of health services, pursuant to N.C. Gen. Stat. § 90-270.2(4), and 2) educational requirements for doctoral level licensure, pursuant to N.C. Gen. Stat. § 90-270.11(a).

The content of Rule .2701 did not undergo substantive changes, but was re-written in an effort to make the rule more readable so as to enhance the understanding of applicants and licensees regarding its content and intent. Rule .1803 was re-written in such a way as to bring it into parallel construction with the language covering the educational requirements for psychological associate licensure. The basic provision of Rule .1803 has been, for many years, to require that the applicant for licensure at the licensed psychologist level to have completed not less than 60 semester hours of instruction, exclusive of thesis/dissertation and practicum/internship, in the applicant's doctoral program in psychology. With this recent change in the rule, an individual could have completed not less than 54 semester hours in the doctoral program, exclusive of thesis/dissertation and practicum/internship, and then completed additional course work in the manner set out in the rule to bridge the gap between the minimum of 54 semester hours to attain a sufficient number of hours to reach the 60 semester hour threshold. For doctoral programs on quarter or trimester calendars, the numbers of required hours specified in the rule have been adjusted accordingly.

The full text of each of the rules may be accessed on the Board's website, www.ncpsychologyboard.org, by clicking on "Rules-Title 21, Chapter 54" on the home page and scrolling to the applicable rules.

THE BOARD'S REGULATORY AUTHORITY OVER UNLICENSED INDIVIDUALS

Sondra C. Panico

In order to regulate the practice of psychology in North Carolina, the Board is mandated, among its other responsibilities, to protect the public from the practice of psychology by unlicensed individuals.

Specifically, N.C. Gen. Stat. § 90-270.16 states that, except as provided in N.C. Gen. Stat. §§ 90-270.4 and 90-270.5:

> (a) it shall be a violation of this Article for any person not licensed in accordance with the provisions of this Article to represent himself or herself as a psychologist, licensed psychologist, licensed psychological associate, or health services provider in psychology.
>
> (b) it shall be a violation of this Article for any person not licensed in accordance with the provisions of this Article to practice or offer to practice psychology as defined in this Article whether as an individual, firm, partnership, corporation, agency, or other entity.
>
> (c) it shall be a violation of this Article for any person not licensed in accordance with the provisions of this Article to use a title or description of services including the term "psychology," or any of its derivatives such as "psychologic", "psychological", or "psychologist", singly or in conjunction with modifiers such as "licensed", "practicing", "certified", or "registered".

As set forth above, if an unlicensed individual represents himself/herself as a psychologist or as any other title as set forth in (a), then he/she is acting in violation of the Psychology Practice Act. In addition, if an unlicensed individual practices or offers to practice psychology, even if he/she does not represent himself/herself as a psychologist, then he/she is in violation of the Psychology Practice Act. Further, if an unlicensed individual uses a description of his/her services as "psychology" or any of its derivatives, then he/she is in violation of the Psychology Practice Act. The only exceptions are if an individual is an applicant with the Board, who has complied with N.C. Gen. Stat. § 90-270.5, or if an individual is exempt from the Psychology Practice Act, as set forth in N.C. Gen. Stat. § 90-270.4, such as if the individual is licensed by another regulatory Board in North Carolina that authorizes the practice within the scope of practice under the statutory authority of that Board.

When the Board receives information about an individual who appears to be practicing psychology without a license, then a Staff Psychologist/Investigator is assigned to investigate the matter. As part of the investigation, the non-licensed individual is typically given an opportunity to respond to the allegations.

Following an investigation, the Board determines whether the individual is practicing without a license and, if so, the individual is given an opportunity to cease the practice of psychology and to provide evidence to the Board that he/she has done so.

If the individual is uncooperative and unwilling to cease the practice of psychology, unwilling to cease representing himself/herself to the public as a psychologist or describing his/her services as psychological, or commits any other violations of N.C. Gen. Stat. § 90-270.16, the Board has the authority to seek an injunction against the individual in Superior Court.

N.C. Gen. Stat. § 90-270.19 states:

> The Board may apply to the superior court for an injunction to prevent violations of this Article or of any rules enacted pursuant thereto. The court is empowered to grant such injunctions regardless of whether criminal prosecution or other action has been or may be instituted as a result of such violation.

The Board also has the authority to seek criminal action against the non-licensed individual.

N.C. Gen. Stat. § 90-270.17 states:

> Any person who violates G.S. 90-270.16 is guilty of a Class 2 misdemeanor. Each violation shall constitute a separate offense.

The Board has sought and obtained permanent injunctions against individuals who have practiced psychology without a license in this State, or who have represented themselves as psychologists without being licensed. In these cases, once the Court has issued the injunction, the Board has continued to monitor the situation to ensure that the individual is acting in compliance with the injunction.

NOTE: This article was prepared for the North Carolina Psychology Board by Sondra Panico, Assistant Attorney General and Counsel to the Board. It has not been reviewed and approved in accordance with procedures for issuing an Attorney General's opinion.

ANNUAL REPORT & SUPPLEMENTAL INFORMATION

{ for the 2008-2009 fiscal year }

NUMBER OF:	
Applicants for licensure	222
Individuals who were refused examination	11
Individuals who took the state examination	196
Individuals who took the national examination	149
Individuals who were issued a license	232
Psychological Associate	62
Licensed Psychologist	132
Licensed Psychologist (Provisional)	38
Application forms and state laws mailed (approx. 88% decrease following availability of standard forms online)	70
Visits to the Board's website (www.ncpsychologyboard.org)	39044
Psychologists licensed in North Carolina as of 06/30/2009	3634
Psychological Associate	1244
Licensed Psychologist	2330
Licensed Psychologist (Provisional)	60
Corporations and PLLCs registered	49
Official complaints received involving licensed and unlicensed activities	51
Complaints resolved	46
Complaints pending as of 06/30/2009	51
Investigations, including complaints, pending as of 06/30/2009	67
Disciplinary actions taken against licensees, or other actions taken against non-licensees, including injunctive relief	23
Licenses suspended or revoked	3
Licenses terminated for any reason other than failure to pay the required renewal fee (7 voluntarily relinquished for non-disciplinary reasons; 2 relinquished under Consent Order)	9
Licenses terminated for failure to pay the required renewal fee	174

2008—2009

DURING THE PAST FISCAL YEAR, THE BOARD:

- ☑ Published three editions of *psych*NEWS
- ☑ Continued to expand information on its website
- ☑ Amended its handbook
- ☑ Developed a brochure describing its functioning
- ☑ Participated in local and national conferences that addressed regulatory issues concerning psychologists
- ☑ Communicated with supervisees and supervisors to insure that supervision requirements are being met

2009—2010

MAJOR OBJECTIVES FOR THE NEW FISCAL YEAR INCLUDE:

- ☐ Continue to publish the newsletter on a regular basis
- ☐ Provide formal orientation to new Board members
- ☐ Provide training opportunities for Board members and staff
- ☐ Amend supervision rules
- ☐ Amend continuing education rules
- ☐ Adopt and amend other rules as necessary
- ☐ Establish a formal staff employee appraisal procedure
- ☐ Continue to bring central office technology up to date
- ☐ Explore the possibility of electronically scanning Board records
- ☐ Revise the manner in which the state exam is administered

EXAM RESULTS

Performance of Graduates of North Carolina Universities on the Examination for Professional Practice in Psychology*

{ doctoral level } LICENSED PSYCHOLOGIST

Program	UNC-CH	NCSU
Clinical	4 / 1	0 / 0
School	2 / 0	1 / 0
Totals	6 / 1	1 / 0

{ master's level } LICENSED PSYCHOLOGICAL ASSOCIATE

Program	ASU	ECU	FSU	NCCU	UNC-C	UNC-G	UNC-W
Clinical	5 / 0	6 / 0	0 / 0	6 / 3	4 / 1	3 / 0	6 / 1
Counseling	0 / 0	0 / 0	1 / 5	0 / 0	0 / 0	0 / 0	0 / 0
School	2 / 0	2 / 4	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
Other	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0
Totals	7 / 0	8 / 4	1 / 5	6 / 3	4 / 1	3 / 0	7 / 1

*Results reported as Pass/Fail (e.g., "3/1" = 3 individuals passed; 1 failed).

FREQUENTLY ASKED QUESTIONS

I am completing a Supervision Report on a licensed psychological associate who is a supervisee of mine, and I noticed that Item H of Section 1 requires the "total number of health services hours accumulated during this reporting period (if applicable)." Do I need to complete this item? If so, is there a difference between health services hours and practice hours?

This item is applicable to licensed psychological associates who hold health services provider certification (HSP-PA). The definitions of health services and the practice of psychology are found in G.S. § 90-270.2(4) and (8), respectively. All health services activities are encompassed within the practice of psychology; however, all activities that constitute the practice of psychology are not necessarily health services. Health services, under statutory definition, are services provided directly to individuals or groups of individuals whose growth, adjustment, or functioning is actually impaired or is at risk of impairment. These activities may include assessment of individuals, psychological report writing, documentation in progress notes, making collateral contacts with family members and other service providers in the patient's interest, psychotherapy and counseling, consultation with other professionals to facilitate service delivery, and other activities provided in service to the psychologist's patient or group of patients. Board Rule .2701(b) defines activities that may be considered to be the practice of psychology but that are not included in health services such as, "vocational and educational guidance." Also not included are: "the teaching of psychology" and "the conduct of psychological research, or the provision of psychological services or consultations to organizations or institutions, except when such activities involve the delivery of direct psychological services to individuals or groups of individuals who are themselves the intended beneficiaries of such services."

I am a Licensed Psychologist Provisional and have recently completed my 12 months and 1500 hours of post-doctoral supervised experience. Do I need to have my supervisor complete a Supervision Report to document my experience?

No. A form entitled Provisional/Licensed Psychological Associate to Permanent - Supervision Report Form, which is *not* available on the Board's website, will be mailed to your supervisor once your provisional to permanent licensure application materials have been received. You are advised that you must continue to meet supervision requirements until permanent licensure is granted.

UPCOMING BOARD MEETINGS

DECEMBER 2-4, 2009
FEBRUARY 17-19, 2010
MAY 5-7, 2010
JULY 14-16, 2010
SEPTEMBER 22-24, 2010
DECEMBER 1-3, 2010

ADE ▪ ADDIO ▪ ALOHA ▪ AU REVOIR ▪ ADIOS ▪ goodbye

After three and a half years of service, I must bid the Board (and all of you) adieu. I am the first full-time staff member ever to leave the Board, a superlative I am not proud to be awarded. My husband's job transferred in May of this year, and his three-hour daily commute has worn out its welcome. I plan to continue employment with the Board through the end of December.

It was not an easy transition from college graduate to Communication Specialist for the Board. After a few months of training and gentle guidance from Wilma Ragan and Martha Storie, I inherited Supervision and Continuing Education as two of my primary roles (and, if I may speak frankly, two of the less palatable components of licensure for many).

One week early in my career with the Board, I made an error in reviewing a Supervision Report. It was not the *worst* error in the book, but it was one that, when coupled with several angry phone calls and e-mails regarding confusing forms and instructions, made me feel like a complete failure as a budding professional, much less as a "Communication *Specialist*." When I called the psychologist to apologize, I expected to catch some heat; however, I was greeted with support and encouragement on the other end of the line. Later that week, through a very kind gesture that remains my most treasured memory while working for the Board, he reassured me that we all make mistakes, and encouraged me to keep my chin up.

The rebirth of the Board's newsletter, which had been on an eight-year hiatus, was an integral part of my position. Despite the somewhat overwhelming challenge of being informative *and* imaginative on a State budget, I have found the labor of each newsletter to be a stimulating mixture of creativity and compromise. It has been my favorite undertaking, by far.

Working for the Board has been a learning experience from which I have benefited greatly, both professionally and personally. As a staff, we have experienced three weddings, two funerals, and shared many smiles and tears in between. I count it an absolute honor to have worked with such a wonderful group of professionals, and I will miss you dearly.

April G. Everett

THE NORTH CAROLINA PSYCHOLOGY BOARD

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