Hogg Foundation *for* Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

Policy Recommendations: Addressing the Texas Mental Health Workforce Shortage

People experiencing mental illness can achieve recovery and wellness when appropriate mental health services and supports are available. Through recovery, they can live meaningful, productive lives in their community. Recovery, however, does not happen in isolation. It may require treatment and support from family, friends and mental health professionals such as psychiatrists, licensed professional counselors, social workers, psychologists, psychiatric nurses or advance practice registered nurses, certified peer-to-peer specialists and community health workers. These professionals have specialized education, training and skills to serve a broad range of mental, behavioral, emotional and psychosocial needs.[1]

The individual and societal benefits of achieving mental wellness are obvious. The economic value of providing appropriate mental health services can be measured in avoided costs to hospitals and criminal justice and juvenile justice systems and improved workplace productivity.[2] The need for mental health services is high. Nationally, 46.4% of adults experience mental illness in their lifetime and 26.2% of adults experience mental illness annually. On an annual basis, 5.8% of adults in the United States experience a serious mental illness.[3] Nationwide, only 39% of persons with mental illness receive needed mental health treatment.[4]

As of November 2013, 207 of Texas' 254 counties in Texas were designated by the federal government as whole or partial Health Professional Shortage Areas for mental health.[5] Factors contributing to the critical shortages include limited education opportunities, high turnover, an aging mental health workforce, insufficient diversity, low compensation and an inadequate reimbursement system.

The following recommendations were presented to the Statewide Health Coordinating Council on February 27, 2014 in response to H.B. 1023 (83rd/Burkett).

Recommendation: Increase Education and Training Opportunities

1. Ensure that all workforce education and training is based on the recovery model of care.
2. Encourage professional curriculum changes in health care service delivery (integrated health care, team-based decision-making, cultural and linguistic competency skill sets)
    a. Increase requirements for mental health training for primary care physicians and pediatricians.
3. Amend certification/licensing requirements for various disciplines to promote needed changes in service delivery.
4. Increase funding for graduate mental health education including psychiatric residency programs, psychiatric nurse practitioner programs, social work/counseling/psychology internship sites, bi-lingual and minority education, and loan repayment.
5. Provide incentives for diversifying the mental health workforce through education and training opportunities such as scholarships, fellowships, internships and mentoring.

Recommendation: Expand Mental Health Peer Support Services

1. Identify and implement changes needed to expand the use of certified peer specialists including but not limited to:
    a. Expand Medicaid reimbursement options for services provided by certified peer specialists.
    b. Revise current peer specialist supervision requirements to expand supervision options to allow Medicaid reimbursement for peer support services in a variety of settings (emergency rooms, inpatient facilities, FQHCs, criminal justice facilities, etc.).
    c. Add peer support services as a Medicaid benefit.
    d. Expand opportunities for consumer operated service providers to offer reimbursable peer support services.

Recommendation: Improve reimbursement for mental health services

1. Increase reimbursement rates for all disciplines
    a. With high demand and low supply, providers can choose to serve those with more resources (private insurance/cash).
2. Increase the number of mental health providers willing to provide services to those receiving Medicaid; consider requirement for providers receiving state funds for education (GME, loan repayment, fellowships, etc.) to serve the Medicaid population.
3. Expand reimbursable services such as consultation, care management, and non-face-to-face service provision to increase access.

Recommendation: Expand Tele-mental health opportunities

1. Analyze best-practices in tele-mental health including what is being done in other states and identify barriers that exist in Texas that limit the expansion of tele-mental health services.
2. Expand the tele-mental health provider base to include certified peer specialists.
3. Identify how tele-mental health is being incorporated into SB 58 integrated care initiatives and 1115 waiver projects; determine if opportunities exist for increasing access to services.
4. Examine reimbursement rules; identify any disincentives that may be limiting tele-mental health service provision.

Recommendation: Expand Integrated Health Care

1. Provide educational opportunities that will:
    a. Increase awareness of integrated health care (benefits, models, opportunities)
    b. Increase mental health training in primary care curriculum
    c. Encourage changes in historic cultures of care (from medical model to recovery-based model).
2. Implement reimbursement changes needed, including reimbursement for:
    a. Care coordination
    b. Consultative services
    c. Team planning
3. Allow provision of flexible services including:
    a. Services provided by non-traditional providers such as peer specialists and community health workers.
    b. WRAP – Wellness and Recovery Action Planning.
    c. Consumer directed services.

Additional workforce considerations:

1. Cultural and linguistic competency
    a. Should permeate all mental health workforce discussions
2. Data collection
    a. Require professional boards to collect data that will aid in identifying specific racial, ethnic, cultural and linguistic workforce shortages
    b. Standardize data collected and reported for all mental health providers
    c. Identify needed data not currently being collected.
3. Geriatric mental health specialists – geriatric psychiatrists almost non-existent.
4. Mental health providers for individuals with intellectual and other developmental disabilities
    a. Few professionals with expertise needed to provide mental health services to this population
    b. Limited consideration of the impact of abuse, neglect and exploitation and the importance of trauma-informed care.

For more information please contact Colleen Horton at colleen.horton@austin.utexas.edu or 512/471-2988.

---

[1] Texas Statewide Health Coordinating Council, Texas State Health Plan 2011-2016, page 99.
[2] Centers for Disease Control. (n.d.) *Making a Business Case.* Retrieved from http://www.cdc.gov/workplacehealthpromotion/businesscase/
[3] Hogg Foundation for Mental Health. (2011). *Crisis Point: Mental Health Workforce Shortage in Texas.* Austin, TX.
[4] Hoge, M. A., Stuart, G. W., Morris, J., Flaherty, M. T., Paris, M. J., & Goplerud, E. (2013). Mental Health and Addiction Workforce Development: Federal Leadership is Needed to Address the Growing Crisis. *Health Affairs*, *32*(11), 2005-2012.
[5] Texas Department of State Health Services, *The Mental Health Workforce Shortage in Texas*, February, 2014.