

# Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward

*Statewide Behavioral Health  
Coordinating Council*

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## Disclaimer

The Behavioral Health Workforce Workgroup is a subcommittee of the Statewide Behavioral Health Coordinating Council (Council). The Council was established by the Legislature to ensure a strategic statewide approach to behavioral health services and its membership includes representatives from state agencies, state universities and the court system. The findings and recommendations in this report are those of the Council and its Behavioral Health Workforce Workgroup. This report was not authored by and does not reflect the views or opinions of the Texas Health and Human Services system, its component agencies, or staff

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# Strong Families, Supportive Communities: Moving our Behavioral Health Workforce Forward

## Executive Summary

The behavioral health<sup>1</sup>workforce shortage in Texas is not a new issue within our state’s mental health and substance use system. For decades, legislators, mental health and substance use stakeholders, providers, consumer groups, and Texas residents have raised serious concerns about the lack of providers and the lasting impact on Texans’ mental health and substance use needs and access to quality services. The COVID-19 pandemic will only exacerbate existing behavioral healthcare shortages, as more Texans seek treatment and support for their mental health and wellbeing due to continued stress and social isolation.

In 2019 the Statewide Behavioral Health Coordinating Council established a Behavioral Health Workforce subcommittee with the purpose of developing a plan for increasing and improving the workforce in this state to serve persons with mental health and substance use issues. The workgroup included representatives of state agencies, universities, professional organizations, providers, and advocates. It contains a review of six major reports over the past decade from organizations including Meadows Mental Health Policy Institute, Hogg Foundation for Mental Health, Department of State Health Services and the Health and Human Services Commission. A list of reports that were reviewed can be accessed in Appendix A.

Rather than create a new report, previous recommendations from these reports were reviewed, progress toward implementation was assessed, and factors contributing to non-implementation were identified. The report is uniquely structured with easy to navigate links for stakeholders and legislators to quickly search topics of interest. Table 1 includes the six major topic areas identified with sub-categories within each area.

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<sup>1</sup> Behavioral health encompasses mental health and substance use conditions. The terms may be used interchangeably throughout this document as agency, stakeholder, and consumer preference differs.

**Table 1. Major Topic Areas and Sub-Categories**

<a href="#"><u>Retention, Recruitment, and Incentives</u></a>	<a href="#"><u>Financial Incentives to Practice</u></a>
	<a href="#"><u>Geographic Distribution</u></a>
	<a href="#"><u>Peer Support</u></a>
	<a href="#"><u>Provider Diversity</u></a>
<a href="#"><u>High School Pipeline</u></a>	<a href="#"><u>Early Recruitment</u></a>
<a href="#"><u>Higher Education</u></a>	<a href="#"><u>Higher Education Promotion</u></a>
<a href="#"><u>Licensing and Regulation</u></a>	<a href="#"><u>Increase Provider Types/Scope</u></a>
<a href="#"><u>Innovative System Improvements</u></a>	<a href="#"><u>Integration &amp; Training</u></a>
	<a href="#"><u>Telemedicine &amp; Telehealth</u></a>
<a href="#"><u>Medicaid Administration</u></a>	<a href="#"><u>Reimbursement Rates</u></a>
<a href="#"><u>Other</u></a>	<a href="#"><u>Data &amp; Planning</u></a>
	<a href="#"><u>1115 Impacts</u></a>

## Priority Next Steps

The resulting report includes many next steps the state would need to take in order to progress the behavioral health workforce. The Behavioral Health Workforce subcommittee reviewed all of the next steps, identified the highest priority items, and sorted them into short-, mid-, and long-term action items.

### Short-term Action Items

#### **Retention, Recruitment, and Incentives:**

- Within plans regulated by Medicaid and the Texas Department of Insurance (TDI), ensure telehealth and telemedicine mental health and substance use condition services are reimbursed at the same rate as are in-person services; ensure all Medicaid-enrolled behavioral health professionals receive equal reimbursement for providing the same services.
- Recommend the Texas Education Agency (TEA) take action to collaborate with local educational agencies (LEAs) to include behavioral health careers in career readiness programs, career days and career promotion activities to all grade levels.

#### **High School Pipeline:**

- Encourage collaboration between LEAs and individual hospital systems or clinics to encourage flexible volunteer and job shadowing opportunities for high school students interested in behavioral health careers.
- Increase entry-level employment opportunities for high school and undergraduate students in behavioral health facilities.

**Higher Education:** Promote existing loan repayment programs available through the Texas Higher Education Coordinating Board (THECB) for graduates and current students preparing to enter the behavioral health workforce.

**Innovative System Improvement:** Create opportunities to expand access to integrated health care through provision of behavioral health services via telehealth and telemedicine.

**Licensure and Regulation:** Create and appoint a multi-disciplinary working group independent of any other advisory committee or working group to research and explore behavioral health professionals' education, licensing, and scope of practice in Texas, including for advanced practice registered nurses (APRNs) and psychologists.

**Medicaid Administration:** Re-examine Medicaid rates for behavioral health services and update (if possible based on available funding) to better reflect the cost of delivering services.

#### Mid-term Action Items

**Retention, Recruitment, and Incentives:** Survey the THECB Mental Health Loan Repayment Program recipients to determine their location and recipient demographics, including ethnicity, language, culture. Use the survey results to make recommendations to resolve identified gaps with a focus on racial equity and geographic distribution.

**Higher Education:** Explore opportunities for alternative sustainable funding for THECB loan repayment programs.

#### **Innovative System Improvement:**

- Create incentives for value-based payment contracts between providers and MCOs, allowing MCOs to incentivize providers who are willing to take training/education and participation in steps that will help them integrate physical and behavioral health services and prepare for value-based contracting.
- Create learning communities so providers can share information, knowledge, technology and best practices on transition from traditional care to integrated health care.

**Licensure and Regulation:** Review reciprocity rules for each of the licensed professional groups within the Behavioral Health Executive Council (BHEC).

#### **Medicaid Administration:**

- Update Medicaid billing requirements to allow for Medicaid reimbursement of licensed professional counselors (LPC) Associates, licensed marriage and family therapists (LMFT) Associates and licensed master social workers (LMSWs) working toward advanced clinical licensure.
- HHSC should consider processes allowing for incremental increases in behavioral health care services reimbursement rates in fee-for-service and managed care over multiple years to lessen the immediate financial impact on the state.

## Long-term Action Items

**Retention, Recruitment, and Incentives:** Collaborate with HHSC, recovery community organizations (RCOs), and other regional stakeholders to create regional centers of excellence for providers and peer specialists to expand training, credentialing and access to mental health and substance use peer specialists.

### **High School Pipeline:**

- Through THECB contracts, create behavioral health programs similar to the Joint Admission Medical Program (JAMP) to include other careers and licenses such as social work, counseling, marriage and family therapy, nurse practitioners (with psychiatric specialty), and psychologists.
- Connect industry, P-TECHs (early college high school programs), and institutions of higher education (IHEs) to form pathways that allow students to earn a behavioral health-related Associate's degree while in high school and transfer to a four-year institution post-graduation.

**Higher Education:** Texas IHEs should consider offering incentives for undergraduate students to participate in programs that allow completion of undergraduate degrees combined with automatic admission into medical school with a focus on psychiatry or behavioral health-related graduate programs.

**Medicaid Administration:** Provide payment incentives for Medicaid-enrolled behavioral health providers working in rural or underserved areas.

## Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward

The report is uniquely structured for stakeholders and legislators to quickly search topics of interest. Factors that impact the behavioral health workforce are separated into tables. Each table contains strategies derived from other behavioral health workforce reports, barriers to implementing those strategies, and next steps to enact, expand, or enhance those strategies. The reports that the subcommittee analyzed and identified strategies from are listed in Appendix A. Previous implementation activities are summarized in Appendix B. A list of stakeholders needed to implement these strategies are available in Appendix C.

### Retention, Recruitment, and Incentives

#### Financial Incentives to Practice

<b>Strategies Derived from Workforce Reports</b>	<b>Barriers to Implementation</b>	<b>Next Steps</b>
<ul style="list-style-type: none"> <li>• Expand practice incentives for mental health practitioners.</li> <li>• Expand funding for loan repayment, internships, and residencies.</li> <li>• Identify and expand incentives to practice psychiatry.</li> <li>• Provide financial incentives to attract individuals into mental health professional education programs and careers.</li> </ul>	<p><u>Training Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of emphasis on training on the provision of services to individuals diagnosed with an intellectual and developmental disabilities.</li> <li>• Increase number of assault incidents on psychiatric providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Connect the THECB Mental Health Loan Repayment program to a stable source of funding to increase program capacity and ensure sustainability.</li> <li>• Survey the THECB Mental Health Loan Repayment Program recipients to determine their location and recipient demographics, including ethnicity, language, culture. Use the survey results to make recommendations to resolve identified gaps with a focus on racial equity and geographic distribution.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>Expand opportunities to address behavioral health workforce shortages in rural and urban areas through such activities as residency programs, student loan forgiveness, paid internships, and collaborations with universities.</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>Additional, sustainable funding would allow existing loan repayment programs to serve more eligible mental health professionals.</li> <li>Lack of job assistance programs for significant others when moving to rural and/or medically underserved areas.</li> <li>The cost of tuition to receive a degree in behavioral/mental health relative to the salary.</li> <li>Need to identify opportunities to allow people to work full time while attending school, i.e. work-study programs.</li> <li>The variability of salary (public vs. private vs. academia).</li> <li>The lack of available intern/residency sites in the public health systems, i.e. hospitals, outpatient clinics, community clinics, etc. specific to behavioral/mental health diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with stakeholders to address the disparities identified in the survey.</li> <li>Create strategies to maximize funding with matches from other state and federal sources. Prioritize these initiatives at THECB. Ensure funding for administrative assistance for these initiatives.</li> </ul>

<b>Strategies Derived from Workforce Reports</b>	<b>Barriers to Implementation</b>	<b>Next Steps</b>
	<ul style="list-style-type: none"> <li>• Each institution of higher education does not provide comprehensive access to behavioral health training or education (e. g, most colleges do not offer all behavioral health related fields).</li> <li>• Continuing education requirements are not reimbursed.</li> </ul>	

## Geographic Distribution

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Targeted recruitment to increase distribution.</li> <li>• Provide financial incentives to mental health professionals specifically to practice in rural areas.</li> </ul>	<p><u>Statutory barriers:</u></p> <ul style="list-style-type: none"> <li>• Health Plans/Managed Care Organizations (MCOs) ability to negotiate their rates individually based on provider type and/or need.</li> </ul> <p><u>Administrative barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of reimbursement policies.</li> </ul> <p><u>Funding:</u></p> <ul style="list-style-type: none"> <li>• Lack of funding to incentivize and support providers to work in rural and underserved areas.</li> <li>• Lack of broadband availability.</li> </ul> <p><u>Other barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of treatment facilities and resources in rural areas.</li> <li>• Lack of job assistance programs for significant others when moving to rural and/or medically underserved areas.</li> <li>• Lack of career advancement within some geographic areas of the state.</li> </ul>	<ul style="list-style-type: none"> <li>• Texas Medicaid &amp; Healthcare Partnership (TMHP) or managed care organizations (MCOs) could elect to incremental increases for rural providers.</li> <li>• Within plans regulated by Medicaid and the Texas Department of Insurance (TDI), ensure telehealth and telemedicine behavioral health services are reimbursed at the same rate as are in-person services; ensure all Medicaid-enrolled behavioral health professionals receive equal reimbursement for providing the same services.</li> </ul>

## Peer Support

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Increase access to peer support.</li> <li>• Expand the state’s promotion of, and investment in, the certification of peer support specialists and increase employers’ awareness of the benefits of hiring certified peer specialists.</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Need for increase in funding.</li> </ul> <p><u>Training Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of training and education for providers regarding the availability of peer services.</li> <li>• Lack of recruitment efforts from public and private agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with HHSC, recovery community organizations (RCOs), and other regional stakeholders to create regional centers of excellence for providers and peer specialists to expand training, credentialing and access to behavioral health peer specialists.</li> <li>• Increase Medicaid reimbursement rates for services provided by peer specialists.</li> <li>• Capacity building for peer-run organizations to become sustainable, including behavioral health grant dollars.</li> </ul>

## Provider Diversity

Strategies Derived from Workforce Reports	Potential Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Targeted recruitment to increase provider diversity.</li> <li>• Encourage providers to meet relevant ethnic/ cultural/linguistic competencies as part of initial and continuing education.</li> <li>• Support programs that specifically recruit culturally diverse persons into mental health careers.</li> <li>• Enhance the recruitment and retention of a diverse workforce</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of funding to efficiently and effectively synthesize data.</li> </ul> <p><u>Administrative Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of federal, state, local, and non-profit entities that encourage individuals of different cultural, ethnicities, and linguistic backgrounds by making this a requirement in funding sources and/or grant opportunities.</li> <li>• Lack of marketing to students of different cultural, ethnicities, and linguistic backgrounds.</li> <li>• Insufficient data to inform policy makers.</li> </ul> <p><u>Training barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of staff training to develop and implement procedures/policies.</li> </ul>	<ul style="list-style-type: none"> <li>• Use data from the Texas Higher Education Coordinating Board (THECB) loan repayment program recipient survey to identify, analyze and develop strategies to address disparities.</li> <li>• Focus recruitment efforts and outreach programs on behavioral health graduate programs at historically black colleges and universities and other schools with high minority enrollments.</li> <li>• Recommend the Texas Education Agency (TEA) take action to collaborate with local educational agencies (LEAs) to include behavioral health careers in career readiness programs, career days and career promotion activities to all grade levels.</li> <li>• Recommend TEA to incentivize health science programs in urban, rural, and diverse school districts.</li> </ul>

# High School Pipeline

## Early Recruitment

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Initiate early recruitment practices.</li> <li>• Support programs that provide exposure to mental health careers at the secondary and postsecondary academic levels and to current professionals such as social workers and nurses.</li> </ul>	<p><u>Administrative Barriers:</u></p> <ul style="list-style-type: none"> <li>• Need for increased focus on early recruitment practices.</li> <li>• Need for more recognition and education on behavioral health careers within high schools.</li> <li>• Need for flexible volunteer and job shadowing opportunities with the behavioral health field.</li> <li>• Need for entry-level employment opportunities within behavioral health facilities.</li> <li>• Need for more programs to incentivize and promote careers in behavioral health fields.</li> </ul> <p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Need for increase in funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage collaboration between local educational agencies (LEAs) and individual hospital systems or clinics to encourage flexible volunteer and job shadowing opportunities for high school students interested in behavioral health careers.</li> <li>• Increase entry-level employment opportunities for high school and undergraduate students in behavioral health facilities.</li> <li>• Through Texas Higher Education Coordinating Board (THECB) contracts, create behavioral health programs similar to the Joint Admission Medical Program (JAMP) to include other careers and licenses such as social work, counseling, nurse practitioners (with psychiatric specialty), and psychologists. Provide materials for school counselors to promote behavioral career paths, including becoming a school counselor.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
		<ul style="list-style-type: none"> <li>• Connect industry, P-TECHs (early college high school programs), and institutions of higher education (IHEs) to form pathways that allow students to earn a behavioral health-related Associate’s degree while in high school and transfer to a four-year institution post-graduation.</li> <li>• Recommend Texas Education Agency (TEA) and key stakeholder programs to educate secondary schools and parents about programs, viability and access of programs related to behavioral health professions.</li> <li>• TEA Communities in Schools should include behavioral health careers in career days.</li> <li>• Promote Communities in Schools as a provider of behavioral health internship opportunities for social work, licensed professional counselor (LPC) associates, and licensed marriage and family therapist (LMFT) interns.</li> </ul>

<b>Strategies Derived from Workforce Reports</b>	<b>Barriers to Implementation</b>	<b>Next Steps</b>
		<ul style="list-style-type: none"> <li>• Recommend TEA take action to collaborate with LEAs to include behavioral health careers in career readiness programs, career days and career promotion activities to all grade levels. Recommend TEA to incentivize health science programs in urban, rural, and diverse school districts.</li> <li>• Ensure high schools with health career focus include pathways to behavioral health careers.</li> <li>• Texas Higher Education Coordinating Board (THECB) and the Texas Education Agency (TEA) collaborate to increase the knowledge of scholarships for high school graduates for undergraduate opportunities.</li> </ul>

# Higher Education

## Higher Education Promotion

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Increase higher education funding for mental health fields.</li> <li>• Expand graduate education programs for behavioral health professionals, including psychiatry, psychology, social work, counseling and nursing.</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• The field of internal medical, primary care, etc. is more lucrative than behavioral health.</li> <li>• The number of graduate medical education slots were frozen, therefore it allowed hospitals to pay with private funds in efforts to bring students on board. (Building on efforts from Senate Bill 11, 86<sup>th</sup> Legislature, Regular Session, 2019)</li> <li>• Lack of available intern and/or residency slots within hospitals, outpatient clinics, community clinics, etc. compared to the number of current medical schools and/or up and coming medical and nursing schools. (S.B. 11, 86<sup>th</sup> Legislature, is assisting)</li> <li>• Lack of retention practices to entice practitioners who leave once their obligation is fulfilled.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities for alternative sustainable funding for Texas Higher Education Coordinating Board (THECB) loan repayment programs.</li> <li>• Include school counselors and Specialist in School Psychology (SSPs) to the loan repayment program.</li> <li>• Promote existing loan repayment programs available through the THECB for graduates and current students preparing to enter the behavioral health workforce.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<ul style="list-style-type: none"> <li>• Lack of available funding for the loan repayment programs in comparison to providers who apply to receive funds.</li> <li>• Cost of tuition to receive a degree in behavioral health relative to the salary.</li> <li>• Inaccuracy and/or limitation on loan forgiveness information.</li> </ul> <p><u>Other Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of diversity-focused opportunities to increase diversity within the behavioral health workforce.</li> <li>• Lack of efforts to recruit, retain, and support behavioral health professionals who are people of color and LGBTQ professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• Texas institutions of higher education (IHEs) should consider offering incentives for undergraduate students to participate in programs that allow completion of undergraduate degrees combined with automatic admission into medical school with a focus on psychiatry or behavioral health-related graduate programs.</li> <li>• Create partnerships between MCOs and majority-minority universities to create more positions and opportunities for targeted behavioral health provider training.</li> <li>• Incentivize rural and urban scholarships, internships, fellowships, and mentoring opportunities.</li> </ul>

## Licensing and Regulation

### Increase Provider Types/Scope

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>Responsibly expand the practice capacity of APRNs and other practitioners.</li> <li>Evaluate reciprocity and scope of practice to ensure maximum provider utilization.</li> <li>More extensively incorporate advanced practice nurses and physician assistants into mental health workforce.</li> <li>Expand the types of reimbursable mental health services and the professionals who can provide them, such as social workers, community health workers and promotoras who provide counseling and case management services (4).</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>Resistance from behavioral health professionals who are reluctant to expand capacities without increase in pay.</li> <li>Lack of sustainability of community health workers/promoters due to lack of Medicaid payment.</li> <li>Risk of shift in financial status of various agents</li> </ul> <p><u>Statutory Barriers:</u></p> <ul style="list-style-type: none"> <li>Rules changes to the Texas Administrative Code.</li> <li>Legislative directives for statutory changes.</li> </ul> <p><u>Administrative Barriers:</u></p> <ul style="list-style-type: none"> <li>Policy changes within the licensing boards.</li> <li>Resistance to change by each professional group desiring to protect their discipline's competency authority.</li> </ul>	<ul style="list-style-type: none"> <li>Review reciprocity rules for each of the licensed professional groups within the Behavioral Health Executive Council (BHEC). Prioritize reciprocity rule changes based on available data.</li> <li>Create and appoint a multi-disciplinary working group independent of any other advisory committee or working group to research and explore behavioral health professionals' education, licensing, and scope of practice in Texas, including for advanced practice registered nurses (APRNs) and psychologists.</li> <li>The group will submit a report including a review of professional scope and standards for each profession, Texas practice authority and limitations established by state law, any potential or actual barriers to practice, and health outcomes of different practice models in other states.</li> </ul>

<b>Strategies Derived from Workforce Reports</b>	<b>Barriers to Implementation</b>	<b>Next Steps</b>
	<p><u>Training barriers:</u></p> <ul style="list-style-type: none"> <li>• Educational information needed on services, impact, and populations served by community health workers.</li> <li>• Education to legislators regarding benefits of expanded workforce.</li> <li>• For psychologists to become prescribers they must have additional coursework and clinical hours that is determined by each state or the federal government.</li> </ul>	<ul style="list-style-type: none"> <li>• The report will take into consideration recommendations from professional health and advocacy organizations. The report must include recommendations for the licensing and regulation of behavioral health professionals.</li> </ul>

# Innovative Systems Improvements

## Integration and Training

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Support integrated health and mental health practices.</li> <li>• Improve integrated health care</li> <li>• Seek to incorporate interprofessional collaborative training as part of the preparation of new health professionals.</li> <li>• Promote integrated health care in Texas by:               <ul style="list-style-type: none"> <li>▶ Addressing barriers to expanding integrated health care identified by the Integration of Health and Behavioral Health Services Workgroup.</li> <li>▶ Identifying ways to ensure that Medicaid reimbursement for mental health services is available for a variety of service delivery models.</li> </ul> </li> </ul>	<p><u>Training Barriers:</u></p> <ul style="list-style-type: none"> <li>• Licensed and non-licensed staff are not oriented to working with adults with complex needs and/or history.</li> <li>• Lack of trained behavioral/mental health providers qualified to offer quality supervision in a multitude of settings, e.g. hospitals, outpatient clinics, community clinics, etc.</li> <li>• Lack of qualified and trained mental/behavioral health and substance use practitioners to conduct training and supervision in the field.</li> <li>• Lack of clinical site locations.</li> <li>• Lack of preceptorships, fellowships, internships, residences, etc. within hospitals, outpatient clinics, community clinics, etc. specific to behavioral/mental health diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>• Create supervision hubs for behavioral health providers in need of clinical supervision.</li> <li>• Create learning communities so providers can share information, knowledge, technology and best practices on transition to traditional care to integrated health care.</li> <li>• Fund stipends to cover cost of clinical supervision for services in rural and underserved areas.</li> <li>• Establish methodology to ensure funding for research and training is targeted to programs that have positive outcomes and achieve stated goals.</li> <li>• Incentivize stakeholders to provide more targeted training opportunities for behavioral health providers.</li> <li>• Incentivize providers to participate in training that increases their ability to provide team-based integrated health care.</li> </ul>

<b>Strategies Derived from Workforce Reports</b>	<b>Barriers to Implementation</b>	<b>Next Steps</b>
<ul style="list-style-type: none"> <li>• Incorporate training on interprofessional collaboration into education of health professionals (1).</li> <li>• Improve primary care training (2).</li> <li>• Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices (6).</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of access to training and educational programs in rural areas.</li> <li>• High demands of licensed practitioners in academia and challenges related to working with students in practice.</li> <li>• Lack of pre-service education that prepares students adequately for the demands of the field.</li> <li>• Lack of cross- training on how a master’s level clinician would become an addiction professional.</li> <li>• The misunderstanding and inconsistencies of treatment modalities and frameworks across the system amongst providers.</li> <li>• Lack of training curricula for non-traditional mental health professionals.</li> <li>• Lack of training on issues related to cultural and socioeconomic determinants of health factors as they impact behavioral health.</li> </ul>	<ul style="list-style-type: none"> <li>• Incentivize managed care organizations (MCOs) to guide providers through the steps it takes to be prepared for Value Based Contracting.</li> <li>• Create pathways for existing physical health providers to understand how to better diagnose and manage behavioral health conditions within their scope of practice.</li> <li>• Create pathways for existing behavioral health providers to learn how to operate in a fast-paced medical environment.</li> <li>• Expose high school and undergraduate students to integrated healthcare presentations.</li> <li>• Create incentives for value-based payment contract for providers.</li> <li>• Create next steps to expand training offerings throughout the state to increase adoption efforts.</li> <li>• Build relationships between practitioners to promote integrated health care for behavioral health services.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Coding challenges in getting reimbursed for integrated care services.</li> <li>• Length of time it takes to get credentialed to become Medicaid providers and access reimbursement.</li> <li>• Small population sizes make it challenging to develop mutually beneficial value-based contracts with MCOs.</li> <li>• Licensed and non-licensed staff leaving to work in private settings or non-clinical settings for higher salaries and less complexities.</li> <li>• Cost and affordability of malpractice insurance to provide clinical supervision in addition to direct services.</li> <li>• Lack of funding specific to targeted/specialized programs, i.e. forensic psychiatry.</li> <li>• Discrepancies between insurance company reimburse for integrated services.</li> </ul>	<ul style="list-style-type: none"> <li>• Create opportunities to expand access to integrated health care via telehealth and telemedicine.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<ul style="list-style-type: none"> <li>• Lack of guidance or direction on Value Based Contracting for Integrated Behavioral Health Care.</li> </ul> <p><u>Statutory and Regulatory Barriers:</u></p> <ul style="list-style-type: none"> <li>• Legislative directives for statutory changes.</li> <li>• Rules changes by the licensing boards.</li> </ul> <p><u>Administrative and Other Barriers:</u></p> <ul style="list-style-type: none"> <li>• Burnout and trauma that come with treating individuals with complex needs.</li> <li>• The challenges of bringing about cultural change in an organization/agency.</li> <li>• The lack of true ability to share space with behavioral health providers.</li> </ul>	

## Telemedicine and Telehealth

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Identify disincentives and barriers to the practice of telemedicine/telehealth.</li> <li>• Expand use of technology.</li> <li>• Remove barriers to the adoption and practice of telemedicine and telehealth.</li> <li>• Develop tele-health opportunities in multiple mental health provider categories as a way to increase capacity. For example, allow Medicaid reimbursement for tele-health services of psychologists, social workers, counselors and other mental health professionals.</li> </ul>	<p><u>Training Barriers:</u></p> <ul style="list-style-type: none"> <li>• There is generational barrier between older and younger practitioners regarding comfort level and their ability in learning how to use the equipment.</li> <li>• There are adjustments necessary to providing BH therapy through Telemedicine.</li> <li>• Lack of knowledge and understanding on adjusting therapy for remote counseling.</li> </ul> <p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Increased costs associated with the purchasing of tele-health equipment and technologies.</li> <li>• High cost to implement tele-health/tele-medicine and technologies within an organization.</li> <li>• Affordability for patients – many individuals may lack access to smart phones or other video technology, also even with audio-only telephone access, concerns about time spent on phone/use of minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• Create opportunities to expand access to integrated health care through provision of behavioral health services via telehealth and telemedicine.</li> <li>• Determine the status of telehealth and telemedicine allowability based on licensing rules and regulations; identify opportunities for improvement.</li> <li>• Evaluate lessons learned from added telehealth and telemedicine flexibilities available during the COVID-19 pandemic; identify best practices.</li> <li>• Promote infrastructure improvements to ensure telehealth and telemedicine availability in rural communities (i.e. internet bandwidth and broadband).</li> <li>• Create a benefit/cost/loss analysis for increasing reimbursement for services provided through telehealth and telemedicine.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<ul style="list-style-type: none"> <li>• Lack of broadband internet access in certain areas (rural).</li> <li>• Increase in funding to efficiently and effectively synthesize data.</li> </ul> <p><u>Statutory Barriers:</u></p> <ul style="list-style-type: none"> <li>• Rules changes to the Texas Administrative Code.</li> <li>• Legislative directives for statutory changes.</li> <li>• Parity for telemedicine and telehealth.</li> </ul> <p><u>Administrative and Other Barriers:</u></p> <ul style="list-style-type: none"> <li>• The data and reporting platforms vary across agencies/organizations/department.</li> <li>• Policy changes needed within the licensing boards.</li> <li>• Policy changes needed within the health plans and MCOs.</li> <li>• Availability of providers to offer telemedicine.</li> <li>• Reimbursement rates for behavioral rates and telemedicine.</li> <li>• Lack of networking and relationships among providers to connect for telemedicine.</li> </ul>	

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<ul style="list-style-type: none"> <li>• Education and awareness of support services in high need areas.</li> <li>• Lack of a referral network amongst providers.</li> </ul>	

## Medicaid Administration

### Reimbursement Rates

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Address payment disparities.</li> <li>• Evaluate and improve mental health reimbursement rates.</li> <li>• Provide adequate reimbursement rates for mental health services to increase the number of mental health professionals who accept patients using Medicaid.</li> </ul>	<p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Increase in legislative funding with direction to spend on reimbursement rates for mental health providers.</li> </ul> <p><u>Statutory Barriers:</u></p> <ul style="list-style-type: none"> <li>• Health Plans/Managed Care Organizations (MCOs) ability to negotiate their rates individually based on provider type and/or service.</li> <li>• Some health plans and MCOs pay more for providers in certain areas of the state.</li> <li>• Legislative directive for statutory changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase reimbursement rates for all mental health providers through legislative direction and dedicated General Revenue funding.</li> <li>• HHSC should consider processes allowing for incremental increases in behavioral health care services reimbursement rates in fee-for-service and managed care over multiple years to lessen the immediate financial impact on the state.</li> <li>• Require all mental health providers to be reimbursed at the same rate for certain Medicaid services, i.e. psychotherapy.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
	<ul style="list-style-type: none"> <li>• Rules changes to the Texas Administrative Code 355.8091 would allow for equal billing for psychotherapy rates among mental health providers.</li> <li>• <u>Administrative barriers</u>: Policy changes within the licensing boards.</li> <li>• Policy changes within the health plans and managed care organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide payment incentives for Medicaid-enrolled behavioral health providers working in rural or underserved areas.</li> <li>• TMHP or MCOs could elect to incremental increases for providers in rural or underserved areas over multiple years to lessen the financial impact.</li> <li>• Update Medicaid billing requirements to allow for Medicaid reimbursement of licensed professional counselors (LPC) Associates, licensed marriage and family therapists (LMFT) Associates and licensed master social workers (LMSWs) working toward advanced clinical licensure.</li> <li>• Re-examine Medicaid rates for behavioral health services and update (if possible based on available funding) to better reflect the cost of delivering services.</li> </ul>

## Other

### Data and Planning

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Expand data collection and analysis.</li> <li>• Encourage relevant licensing boards to collect information on the linguistic competencies of its health professionals.</li> <li>• Develop analytical and statistical models for workforce supply and demand and patient utilization that inform mental health care needs.</li> <li>• Require professional boards to collect data that will aid in identifying specific racial, ethnic, cultural and linguistic workforce shortages.</li> <li>• Conduct a study to determine the turnover rates of mental health professionals in Texas and what factors increase turnover rates, identify points of intervention to address the findings of the retention study.</li> </ul>	<p><u>Administrative Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of conformity across the licensing boards.</li> <li>• Lack of minimum data sets across all licensing boards that are agreeable by all parties due to privacy rules.</li> <li>• Data and reporting platforms vary across agencies/organizations/ departments and are disparate.</li> <li>• Data and reporting platforms vary across agencies/organizations/ departments and are disparate.</li> <li>• Current data is outdated and there is no consensus regarding what constitutes an adequate supply.</li> <li>• Difficulty parsing out which providers are engaged in administrative vs. clinical work vs. academia.</li> </ul> <p><u>Statutory Barriers:</u></p> <ul style="list-style-type: none"> <li>• Rule changes to the Health and Safety Code, Chapter 105.</li> </ul>	<ul style="list-style-type: none"> <li>• Use the THECB loan repayment program recipient survey data to learn about linguistic competencies.</li> <li>• Consider using this report as a “plan” for long-term workforce development.</li> </ul>

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>• Create a comprehensive strategic plan for mental health and substance use workforce development.</li> </ul>	<ul style="list-style-type: none"> <li>• Legislative directives for statutory changes.</li> </ul> <p><u>Financial Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of funding to efficiently and effectively synthesize population data vs. workforce supply and demand data.</li> <li>• Lack of funding to efficiently and effectively synthesize data and workforce supply and demand data.</li> </ul> <p><u>Administrative Barriers:</u></p> <ul style="list-style-type: none"> <li>• The data and reporting platforms vary across agencies/organizations/departments and are disparate.</li> <li>• Current data is outdated and there is no consensus regarding what constitutes an adequate supply.</li> </ul>	

## 1115 Impacts

Strategies Derived from Workforce Reports	Barriers to Implementation	Next Steps
<ul style="list-style-type: none"> <li>Consider potential workforce impacts of Medicaid 1115 waiver DSRIP projects and SB 58 implementation.</li> <li>Analyze the workforce impacts of the Texas Medicaid 1115 Waiver - Delivery System Reform Incentive Payment (DSRIP) program.</li> </ul>	<p><u>Administrative barriers:</u></p> <ul style="list-style-type: none"> <li>The data and reporting platforms vary across agencies/organizations/departments and are disparate.</li> <li>The current data is outdated and there is no consensus regarding what constitutes an adequate supply.</li> </ul> <p><u>Financial barriers:</u></p> <ul style="list-style-type: none"> <li>Lack of funding to efficiently and effectively synthesize population data vs. workforce supply and demand.</li> <li>Texas Medicaid 1115 Waiver DSRIP program set to partially expire 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Analyze the workforce impacts of the Texas Medicaid 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) program and determine workforce impact if a transition plan that maintains the federal resources is not in place when the program terminates.</li> </ul>

## Appendix A: Texas Behavioral Health Workforce Reports

The Mental Health Workforce Shortage in Texas (H.B. 1023 Report):

<https://www.dshs.texas.gov/legislative/2014/Attachment1-HB1023-MH-Workforce-Report-HHSC.pdf>

The Texas Mental Health Workforce: Continuing Challenges and Sensible Strategies (2016):

[https://hogg.utexas.edu/wp-content/uploads/2016/07/2016\\_policybrief\\_workforce.pdf](https://hogg.utexas.edu/wp-content/uploads/2016/07/2016_policybrief_workforce.pdf)

A Proposal for Ensuring High-Quality Health Care for All Texans: 2017-2022 Texas State Health Plan (2016):

<https://dshs.texas.gov/ConsumerandExternalAffairs/legislative/2017Reports/State-Health-Plan-Implement2017.pdf>

Crisis Point: Mental Health Workforce Shortages in Texas (2011):

[http://www.mhm.org/images/stories/docs/Mental\\_Health\\_Crisis\\_final\\_032111.pdf](http://www.mhm.org/images/stories/docs/Mental_Health_Crisis_final_032111.pdf)

Meadows Foundation Strategic Plan for Mental Health, 2011 – 2020 (2011):

<https://www.mfi.org/Files/Grants/2011-2020MentalHealthPlanPublic.pdf>

Statewide Behavioral Health Strategic Plan (2016): <https://hhs.texas.gov/reports/2016/05/texas-statewide-behavioral-health-strategic-plan>

## Appendix B: Implementation Activities

There are many local and state efforts to address the behavioral health workforce shortage. While this list includes a great number of activities, it is not exhaustive.

### Recruitment and Retention

#### Financial Incentives to Practice

##### Loan Repayment Programs administered by the Texas Higher Education Coordination Board

- Physician Education Loan Repayment Program, which includes family medicine/family practice, general practice, obstetrics/gynecology, general internal medicine, general pediatrics, medicine-pediatrics, psychiatry, geriatrics.
- Loan Repayment Program for Mental Health Professionals, which include psychiatrists, psychologists, advanced practice nurses who are board certified in psychiatric or mental health nursing, licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, and licensed chemical dependency counselors who have received an associate degree related to chemical dependency counseling or behavioral science.
- Nursing Faculty Loan Repayment Assistance Program.

#### Expanded Training Initiatives

- University of Houston College of Medicine added psychiatry component to family medicine residency programs (SB 826, 86R).
- Sam Houston State University created College of Osteopathic Medicine (HB 2867, 86R).
- Texas Tech University Health Science Center added 12 months family medicine residency to increase mental health education/training.
- The University of Texas Health Science Center at Tyler expanded training for three post-doctoral fellows and one advanced psychiatry fellow.
- State Hospital Redesign: Harris County Psychiatry Center, Austin State Hospital, and San Antonio State Hospital created training partnerships with health-related institutions to alleviate the workforce shortages.

## Geographic Distribution

- Texas Primary Care Office (TPCO)-Department of State Health Services administers the Texas Conrad 30 J-1 Visa Waiver Program for physicians in Health Professional Shortage Areas and Medically Underserved areas; federal program administered through the state.
- Federal Medicare provides financial incentives for some providers working in Health Professional Shortage Areas.
- Health Resources and Services Administration awarded The University of Texas Health Science Center at Tyler a three-year federal grant of \$750,000 to develop a residency program in rural northeast Texas, i.e. rural training track in psychiatry.
- Project ECHO (Extension for Community Healthcare Outcomes) founded by University of New Mexico connects primary care physicians with specialists for better specialty care. Texas has several ECHO hubs and a growing number of behavioral health-focused programs, including depression, alcohol use, opioid-use, and telehealth. Texas (Area Health Education Center) AHEC Scholars Program is a multidisciplinary certificate program for health professions students that offers opportunities for hands-on training, experience in rural and underserved communities in south, east, and west Texas.

## Peer support

### Training

- Houston Health Department, Hogg Foundation, and Bluebonnet Trails developed curriculum to train youth peer wellness specialists and youth peer support.
- HHSC established a Peer Services Unit in 2019, which focuses on:
  - ▶ Workforce development, certification and training; technical assistance; liaising to other agencies providing services by peer specialists.
  - ▶ Stakeholder workgroups on rules, reimbursement rates, provision of services.

### Funding

- Peer support as a Medicaid reimbursable service began in 2019 (HB 1486, 85R).
- HHSC Behavioral Health Services oversees federal and state funding for peer specialist programming operations.

## Provider diversity

### Training

- University of Texas at Austin Steve Hicks School of Social Work offers the BEADS Scholar program to prepare students to work with individuals with DD and their families and the Integrated Behavioral Health MSSW Scholars Program for Underserved Populations in (2016).
- Our Lady of the Lake University awards graduate students psychology certificates in Psychological Services for Spanish Speaking Populations.

### Funding

- Hogg Foundation for Mental Health has a grant program for minority recipients.
- Texas Education Agency, Career and Technical Education programs in Texas High schools. TEA is working with Department of State Health Services to develop a curriculum for high school students to receive a certification as a Community Health Worker.
- Network of Behavioral Health Providers developed the Pathways Project to increase mental health and substance abuse issues for high school students and the array of career opportunities in these fields.

## High School Pipeline

### Early Recruitment

- Joint Admission Medical Program (JAMP) is a program for underserved students who are interested in medicine.

## Higher Education Promotion

- University of Texas Health Science Center at Tyler have the following residencies/internships: Psychiatry Residency, Psychology Internship, Psychology Fellowship.
- Texas Tech University Health Science Center received funding for two psychiatry resident positions.
- Through local support the TTUHSC Department of Psychiatry in the Permian Basin is starting a new child fellowship program in July 2019 with two fellows per year.
- The Pathways Project (developed by the Network of Behavioral Health Providers) designed a psychiatric nursing clinical rotation model in partnership with Coleman College and Prairie View A&M.

- Teaching Health Center Graduate Medical Education (THCGME) program, supports expanding medical and dental residency programs in community-based patient settings, i.e. federal qualified health centers. One program currently exists in Texas, Lone Star Community Health Center (Conroe, TX).
- Currently 14 hospitals receive federal funding which support graduate medical education programs, previous funding was only available to five hospitals.
- A behavioral health internship track was created in partnership with the University of Houston Downtown Social Work Program which provides five (5) interns with 400 dollars per semester and opportunity to intern with a member organization with Network of Behavioral Health Providers.
- Discussions with the Graduate School of Social Work at the University of Houston regarding a creation of program to recruit students from area bachelor programs to continue course of study.
- The Health and Specialty Care Systems established the State Hospital Workforce Recruitment efforts which provides opportunity to implement alternative and more modern methods to recruit and retain professional staff and partner with colleges and universities to develop, fund and promote psychiatric nursing tracks with rotations in state hospitals.
- Texas Higher Education Coordinating Board (THECB)
  - ▶ Physician Education Loan Repayment Program, which include family medicine/family practice, general practice, obstetrics/gynecology, general internal medicine, general pediatrics, medicine-pediatrics, psychiatry, geriatrics.
  - ▶ Loan Repayment Program for Mental Health Professionals, which include psychiatrists, psychologists, advance practice nurses who are board certified in psychiatric or mental health nursing, LPCs, LCSWs, LMFTs, LCDCs who have received an associate degree related to chemical dependency counseling or behavioral science.
  - ▶ Nursing Faculty Loan Repayment Assistance Program.
  - ▶ Senate Bill 239, 84th Legislature, Regular Session, 2015, created student loan repayment assistance programs for certain mental health professions (physicians, psychologists, LPC, APRNS, LCSWs, school counselors, and LSSPs).
  - ▶ House Bill 3083 and H.B. 3808, 85th Legislature, Regular Session, 2015, amended the program and added chemical dependency counselors as being eligible to receive funds through the loan repayment program.
- S.B 1066, 85th Legislature, Regular Session, 2017, require new medical schools to submit a plan to the Texas Higher Education Coordinating Board (THECB) regarding the addition of first-year residency positions for the

GME program to be offered in connection with the new degree program. Submitting this plan will be a prerequisite before THECB can approve any new medical school programs.

- Behavior analysts are now licensed in Texas.

## Licensing and Regulation

### Increase Provider Types/Scope

- Licensed Professional Counselors (LPCs) can bill for behavioral supports Home Community Based Services (HCBS) waivers; LPCs can provide behavioral support services through ICF/IID.
- Texas State Board of Examiners of Psychologists passed rules in 2017 to allow qualified Licensed Psychological Associations (LPAs) to practice independently.
- Department of State Health Services currently oversees the Community Health Worker or Promotor(a) Training and certification program.
- Recent legislation that addresses APRN issues:
  - ▶ 2013: Removed site based and mileage restriction for APRN, permits delegation of Schedule IIs in certain environments.
  - ▶ 2017: Removed certain insurance restrictions from APRN.
  - ▶ 2019: Allows virtual meetings between APRN and delegating MD.
- March 2020: Due to the COVID-19 pandemic Governor Greg Abbott loosened licensing and practice rules for nursing to meet the needs of the pandemic.

## Innovative System Improvements

### Integration and Training

- Learning Collaborative across State Supported Living Centers, State Hospitals, and Juvenile Justice share information about working with those with complex history and behavioral health needs, providing opportunities for clinicians to be successful with those consumers.

## Training

- The Dell Medical School created the Integrative Health Initiative with UT Nursing and Social Work programs. University of Texas at Austin School of Social Work is working with Dell Medical School to integrate social workers within health care teams. The Dell Medical School also initiated Factor Health, which focuses on social determinants of health.
- Prairie View A&M University and Coleman College host the Psychiatric Nursing Component launched by the Network of Behavioral Health Providers.
- University of Texas Southwestern requires a four-week psychiatry residency rotation with Metrocare, a behavioral health provider in Dallas.

## Funding

- Senate Bill 11, 86<sup>th</sup> Legislature, Regular Session, 2019 created the Texas Child Mental Health Care Consortium (TCMHCC) and was funded \$90 million for the 2019-2021 biennium to support of the following initiatives:
  - ▶ The Child Psychiatry Access Network (CPAN) is a network of academic hubs that will provide telemedicine-based consultation and training to pediatricians to assist them with identifying mental health issues in their patients.
  - ▶ The Texas Child Health Access Through Telemedicine (TCHAT) program will create or utilize existing telemedicine or telehealth programs to assist school districts with identifying student mental health care needs and accessing services.
  - ▶ The Consortium will support the expansion of the child and adolescent psychiatry workforce in Texas through:
    - ◇ Funding full-time psychiatrists to serve as academic medical directors at community mental health providers and new resident rotations at those facilities
    - ◇ Funding additional fellowship positions in child and adolescent psychiatry at the state-funded health related institutions.
  - ▶ The Research workgroup, under the supervision of the Executive Committee, is tasked to propose and fund 2-3 multi-institutional research projects in areas that have potential for advancing mental health care for children and adolescents in Texas.
- University of Texas at Austin received a Health-Related Shortage Area (HRSA) grant through the Behavioral Health Workforce Education and Training (BHWET) Program: Integrated Behavioral Health Scholars.

[Medicine/Psychiatry, Nursing / Psychiatric Mental Health Nurse Practitioner (PMHNP), Social Work, & Psychology]

- University of Texas Health Science Center in Houston uses both medical and nursing students at the Harris County Psychiatry Center to augment services and for training purposes.
- Texas Tech University Health Science Center School of Nursing now offers the following competencies for all nurse practitioner graduate and doctoral tracks, integrated health care, team based decision-making, and cultural competency.
- Texas Tech University Health Science School of Medicine reorganized its behavioral health curriculum three years ago to increase the time dedicated to behavioral health. Within the curriculum, a two-week introduction to psychiatry unit was replaced by a four-week integrated behavioral health unit. Additionally, students are also introduced to brief motivational interviewing and Screening, Brief Intervention, and Referral to Treatment (SBIRT) as part of their integrated neuroscience course work.
- HHSC launched Certified Community Behavioral Health Clinics (CCBHCs) with statewide roll-out to approximately 24 clinics by the end of 2020.
- Helen Farabee Local Mental Health Authority is partnering with college/university in their area to dually train nurses in physical health and behavioral health.
- Mental Health America Greater Houston provides statewide consultation, support, training, and technical assistance to universities, service delivery providers and MCOs to increase access, knowledge and understanding of integrated health care.
- HHSC received a SAMHSA grant, Promoting Integration of Primary and Behavioral Health Care (PIP-BHC) which will be implemented at three Licensed Mental Health Authorities.
- Blue Cross Blue Shield Managed Care Organization partnered with CCBHCs to implement a behavioral health home using alternative payment model to link health care payments to quality measures.
- Medicaid 1115 Waiver's Delivery System Reform Incentive Payment program (DSRIP) provides \$3.1 billion a year to hospitals and other providers statewide to collaborate on projects to improve health care outcomes through increased access, innovations in care and infrastructure development.
- Houston's Methodist launched a pilot in 2014, Psychiatric Transitions in Care, funded through state's Medicaid 1115 waiver (DSRIP). Currently implemented at three of its hospitals.
- HHSC Medicaid provides person centered training to internal staff.

- The Centralized Training Infrastructure (CTI) provides training to Licensed Mental Health Authorities (LMHAs) and other providers.
- Health and Human Services Commission providers substance use recovery training to providers.
- Hogg Foundation awarded a grant to the American Psychiatric Nurse Association (APNA) to provide free onsite training to Texas facilities on Recovery to Practice model.

### Telemedicine and Telehealth

- S.B. 670, 86th Legislature, Regular Session, 2019, granted MCOs additional flexibility for telehealth and telemedicine services. A workgroup is currently convened.
- The HHSC e-Health Advisory Committee (eHAC) is currently reviewing telehealth rules and policies, to include telemedicine (physicians) and telehealth (all other mental health professionals).
- S.B. 1107, 85th Legislature, Regular Session, 2017, established state practicing standards and expectations for healthcare professionals who render telemedicine or telehealth services.
- UT Health Science Center in Houston is providing telepsychiatry to the North Texas State Hospital, Vernon and Wichita Falls campuses. UT Health has a contract to help fill the gap through telepsychiatry.
- Blue Bonnet Trails uses telehealth to provide care to patients with co-occurring psychiatric/IDD diagnoses across the state.
- Correctional Managed Health Care program is a partnership among the Texas Department of Criminal Justice (TDCJ), Texas Tech University Health Sciences Center (TTUHSC) and the University of Texas Medical Branch (UTMB) at Galveston. The partnership is responsible for providing comprehensive health care services to adult offenders incarcerated in Texas state prisons. Telehealth Counseling Clinic, provides free virtual therapy to low-income people in the Brazos Valley of Texas. The providers are psychology doctoral students from Texas A&M University.
- S.B.58, 84<sup>th</sup> Legislature, Regular Session, 2015 Behavioral Health Integration Advisory Committee was created and recommendations were developed.
- myStrength provides digital health solutions through partnership with health plans, community behavioral health providers, FQHCs, Accountable Care Organizations, and others.
- Crisis Text Line is a free nationwide crisis text line with licensed professionals staffing.

- On March 18, 2020 Governor Greg Abbott released an Emergency Order on telehealth and telemedicine flexibilities for health plans regulated by the Texas Department of Insurance, allowing for services via audio-only telephone, requiring pay parity with in-person services, and allowing providers to use the platform of choice. The order end date is September 12, 2020.
- HHSC issued guidance to managed care plans providing telehealth and telemedicine services, allowing for services via audio-only telephone. The guidance is in place through October 23, 2020.

## Medicaid Administration

### Reimbursement rates

- House Bill 1094, 86<sup>th</sup> Legislature, Regular Session, 2019, would have aligned the HHSC Rules with the Texas Department of Insurance rules to require Licensed Clinical Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists would be reimbursed at 100 percent of the Medicaid rate for the psychotherapy service. Additionally, Licensed Master Social Workers under supervision to receive their clinical license, Licensed Professional Counselor-Intern and Licensed Marriage and Family Therapist-Associates would be able to bill at 70 percent of the Medicaid rate. The legislation did not pass.
- Mental health professionals and professional associations have historically advocated for rate increases for years.
- HHSC holds rate hearings for Medicaid behavioral health services to determine any rate changes.
- TMHP minimally increased psychotherapy rates on July 1, 2019.

## Other

### Data & Planning

- Department of State Health Services collects information on race/ethnicity from the relevant licensing boards, i.e. Health Professions Council and the Texas Department of Information Resources.

## Appendix C: Stakeholders

Meeting the behavioral health workforce needs in Texas will require multiple systems working together. Below is a list of the Statewide Behavioral Health Coordinating Council member agencies and other stakeholders identified in this report. This list is not exhaustive.

<b>Statewide Behavioral Health Coordinating Council Member Agencies</b>	<b>Stakeholders and Other State Agencies</b>	<b>Professional Associations</b>
Court of Criminal Appeals (CCA)	Area Health Education Centers	Federation of Texas Psychiatry
Dept. of Family and Protective Services (DFPS)	Consumer Operated Service Providers	National Association of Social Workers – Texas Chapter
Dept. of State Health Services (DSHS)	Behavioral Health Executive Council	Texas Association for Marriage and Family Therapy
Health and Human Services Commission (HHSC)	Hogg Foundation for Mental Health	Texas Association of Addiction Professionals
HHSC, Health and Specialty Care	Hospital systems	Texas Association of Health Plans
Health Professions Council (HPC)	Independent School Districts	Texas Association of Community Health Plans
Office of Court Administration (OCA)/Texas Indigent Defense Commission (TIDC)	Institutes of Higher Education	Texas Counseling Association
Office of the Governor (OOG)	Local Mental and Behavioral Health Authorities	Texas Council of Community Centers

<b>Statewide Behavioral Health Coordinating Council Member Agencies</b>	<b>Stakeholders and Other State Agencies</b>	<b>Professional Associations</b>
Supreme Court (SC)	Meadows Mental Health Policy Institute	Texas Hospital Association
Texas Child Mental Health Care Consortium	Medicaid managed care organizations (MCOs)	Texas Medical Association
Texas Civil Commitment Office (TCCO)	Mental Health America	Texas Nurses Association
Texas Commission on Jail Standards (TCJS)	National Alliance on Mental Illness (NAMI) – Texas	Texas Psychological Association
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)	Recovery community organizations	
Texas Dept. of Criminal Justice (TDCJ)	Texas Board of Nursing	
Texas Dept. of Housing and Community Affairs	Texas Medical Board	
Texas Education Agency (TEA)	Texas Medicaid & Healthcare Partnership	
Texas Higher Education Coordinating Board (THECB)		
Texas Juvenile Justice Dept. (TJJD)		

<b>Statewide Behavioral Health Coordinating Council Member Agencies</b>	<b>Stakeholders and Other State Agencies</b>	<b>Professional Associations</b>
Texas Military Department (TMD)		
Texas Tech University System (TTUHSC)		
Texas Veterans Commission (TVC)		
Texas Workforce Commission (TWC)		
University of Texas Health Science Center - Houston (UTHSCH)		
University of Texas Health Science Center - Tyler (UTHSCT)		