

ADDRESSING BEHAVIORAL WORKFORCE SHORTAGES IN TEXAS

Prepared by Texas Mental Health Care Consortium

Executive Summary

The Texas Mental Health Care Consortium (TCMHCC) was established in 2019 to improve access to children's mental health services. One of the most critical components to successfully advancing quality and access to children's mental health care is addressing recruitment and retention of the behavioral health workforce. Texas must identify strategies to assure the capacity of the children's behavioral health workforce can meet the increasing demand for services.

Consider These Challenges

- Approximately 350,000 Texas children experience severe mental health needs in a year.
- Every Texas county has a shortage of mental health care professionals. More than 80 percent of Texas counties are designated as Mental Health Professional Shortage Areas.
- Community-based (public sector) providers find it especially challenging to recruit, hire, and maintain qualified children's mental health professionals.
- Private sector employers often offer better compensation to account for cost of living, cost of supervision for licensure, and student loans.
- Long waitlists for services, increased caseloads, and burnout amongst professionals is causing a vicious cycle that negatively impacts the mental health of Texas children.

Solutions to Engage a Sustainable Workforce

To address these challenges, the Consortium and its partners recommend creating opportunities to engage and incentivize the workforce – from the time they are students to professionals practicing in the field.

These recommendations include short- and long-term strategies to remove barriers in achieving an education, licensure, and employment in the public sphere:

- 1) **Financial assistance or loan repayments for college students who commit to behavioral health careers in the public sector.**
- 2) **Paid internships for students who serve with community-based public sector employers.**
- 3) **Innovative ways to provide necessary clinical "supervision" hours for the licensure of counselors and therapists.**
- 4) **Direct and streamlined licensure for various types of mental health professionals, including investigating ways to encourage veterans and other professionals who previously worked in mental health to become licensed mental health professionals in Texas.**
- 5) **Expanding the Consortium's Child and Adolescent Psychiatry Fellowships through "multi-boarding" of physicians.**
- 6) **Adjusting state salary schedules to account for varying costs of living across the state and for rural areas with difficulty sustaining a workforce.**

Conclusion

Texas has made significant investment to support adult and child mental health services. To continue this momentum, significant effort is now needed to develop and secure the state's mental health workforce. The following consensus recommendations allow existing public systems such as state and local governmental entities, academic institutions, and local mental health authorities to successfully address provider shortages that impact access and quality of children's behavioral health care.

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Overview

According to a 2020 report from the Texas Department of State Health Services (DSHS), Texas ranks below the national average on the number of behavioral health providers per capita in each of the following professional designations (See Charts on Appendix 1):

- Community Health Workers,
- Licensed Chemical Dependency Counselors (LPC),
- Licensed Marriage and Family Therapists (LMFT),
- Licensed Professional Counselors (LPC),
- Licensed Bachelors Social Workers (LBSW),
- Licensed Masters Social Workers (LMSW),
- Licensed Clinical Social Workers (LCSW),
- Licensed Psychological Associates,
- Licensed Psychologists, and
- Licensed School Psychologists.

While demand for public sector behavioral health services continues to increase, the number of behavioral health professionals with the required skillset, licensure, and credentials has not kept up with the demand. These dynamics have affected the ability of the children's mental health service delivery system to recruit, hire and retain trained workers.

Barriers for these professionals (such as credentialing requirements, student loan debt, and competitive pay) often lead prospective public sector employees to seek employment in the private sector. Failure to recruit, hire and retain employees leads to:

- lapsed dollars from unfilled positions,
- Inability to serve as many individuals as possible,
- increased caseload sizes for employees who, due to vacancies, are trying to maintain service capacity, and
- increased waiting lists.

With expected provider shortages impacting access and quality of care, we suggest an education and employment pipeline to attract, recruit, train, and employ individuals across Texas while working within existing systems such as governmental entities, academic institutions, and local mental health authorities. This pipeline must support long-term employee engagement by removing barriers to achieving an education, licensure, and employment.

Recruiting and retaining qualified children's behavioral health providers through the recommendations outlined below would increase the capacity to serve more Texas children, youth and families, decrease caseloads/waitlists, decrease professional burnout, and increase access to care.

Recommendations. The recommendations below are designed to address workforce shortages at varying points in the career lifecycle, from enrollment, internships, and graduation from a Texas academic institution, to recruitment, employment, supervision, licensure, credentialing, and retention of the public sector children's behavioral health workforce. (See Appendix 2).

College – Financial Assistance

Tuition Assistance. Utilize the military service model as a template for providing tuition assistance to individuals who enroll in social work and psychology programs at Texas based colleges and universities, including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and veterans' services. Students receiving tuition assistance would agree to public service in Texas children's mental health provider organizations for a minimum of 5 years. Tuition assistance would also be provided to individuals already employed by the Texas children's mental health system who seek an advanced degrees and are willing to provide public service for an additional 5 years upon completion of their degree.

- Providing tuition assistance removes financial barriers associated with pursuing a career in community mental health, enhances the education to employment pipeline, and results in an ethnically and racially diverse workforce.

Enhance the Texas Higher Education Coordinating Board College Loan Repayment Program through the following steps:

- 1) Allocating additional funds into the program and adding eligibility requirements/language to include public sector employment within an agency providing children's mental health services and employment in rural areas of the state.
- 2) Providing opportunities for employers to offer loan repayment assistance to employees who are hired within the public sector and subsequently remain employed by the Texas public sector behavioral health system for 10 years. Employees would be able to change positions and employers over the ten-year period, if they remained employed by the public sector in Texas. If an individual does not remain in Texas, there would be a prorated payback.

Internships Required to Graduate

State-wide Paid Internships. This initiative would create a pipeline from clinical internship to employment through Texas Institutions of Higher Education for psychiatric nurse practitioners, social workers, counselors, psychologists, and community health professionals (community health workers, parent peer support specialists, youth peer support specialists). Paid internships would be located within the various Health-Related Institutions (HRI) TCMHCC programs, the Local Mental Health Authorities (LMHA), Federally Qualified Health Centers (FQHC), and other local provider organizations. These paid internships will create a pipeline to community mental health employment and support professional learning opportunities for students across Texas including those at community colleges, HBCU, and HSIs.

Estimated Costs (per year):

Item	Dollar Cost
Intern Stipend: \$15/hour (for a maximum of 1,200-hours) x400 interns	\$7,200,000
Outreach	\$25,000
Insurance	TBD
Administration	TBD
TOTAL	\$7,225,000

Expansion of Community Psychiatry Workforce Expansion (CPWE) to Other Professionals. Use the existing CPWE infrastructure within the HRIs to expand internship opportunities for social workers, psychologists, peer support specialists, and psychiatric nurse practitioners to gain experience within community children's mental health provider organizations.

This would be accomplished by developing partnerships between community-based mental health providers, HRIs, private and public academic institutions, veteran services, HBCUs, and HSIs.

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Supervision

Statewide Remote Supervision Network. In the public sector there is limited availability of board-approved supervisors for clinical master's-level graduates to obtain the supervision required toward unrestricted licensure. If supervision is not immediately available, these healthcare professionals must either choose to pay for their clinical supervision out-of-pocket at significant cost (between \$5,200-\$10,400 per year for approximately 2 years) or delay their credentialing process which impedes their professional development, and employment opportunities.

The development of a statewide remote supervision network aims to provide board-required supervision remotely for graduates with degrees in social work, psychology, and counseling pursuing their clinical license. This can incentivize more healthcare professionals to enter the community children's behavioral health workforce due to cost-savings, a clear employment trajectory, and time-savings.

Once clinically licensed the employees would be required to continue to work for a qualifying agency for a minimum amount of time post-licensure, with the duration of the obligation based on one month required service per month of qualifying supervision received.

Estimated Costs (2 years):

Item	Dollar Cost
Technology/Software	\$1,500,000
Outreach	\$100,000
Clinical Exam + License Fees (x1000 completing supervision)	\$500,000
Administration	TBD
Insurance	TBD
TOTAL	\$2,100,000

Supervisory Track of Public Service Workers. Texas lacks an adequate number of licensed board supervisors to efficiently support the recruitment of professionals seeking licensure. This initiative allows and promotes LCSWs, LMFTs, LPCs in the existing workforce to board-licensed supervisory status. The participants of this initiative would agree to be part of the state-wide remote supervision network for a minimum of two years post board-licensure to supervisor status.

Estimated Costs (2 years):

Item	Dollar Cost
Incentives for enhanced responsibilities (\$10,000/yr. each year supervisor is in the network x500 supervisors)	\$5,000,000
Outreach	\$100,000
Training	\$300,000
License fees	\$50,000
Administration	TBD
Insurance	TBD
TOTAL	\$5,450,000

Note: Accurate needs assessment and cost estimate would require collaboration with TBEC and Academic Institutions on graduate and licensing rates.

Licensure

Direct Licensing Boards to streamline the licensing process. The Texas Behavioral Executive Council (TBEC) sets requirements for clinical licensure in Texas, which includes a minimum number of hours spent in clinical roles and responsibilities performed under a board-approved supervisor. There are several recommendations under the licensure area, including:

1. Creation of a multi-disciplinary group to discuss scope and reach consensus on a plan to streamline processes and reciprocity with a goal of expediting the ability for children's mental health professionals to practice in Texas.
2. The TBEC should draft approved position templates that include language that is required for licensure. For example, to recruit master's-level graduates in the healthcare field, job descriptions and postings must include language that meets the minimum requirements for the clinical plan of their board.
3. The licensing boards should evaluate opportunities to streamline the educational and licensing process for veterans who provided significant mental health services during their military service. Furthermore, the licensing boards should work with institutions of higher education to develop training programs that meet the needs of these returning soldiers so that they can be fully licensed.

This initiative should streamline the licensing process to recruit, onboard, train, and supervise prospective employees at the master's-level.

Estimated Costs:

None aside from administrative

Expanding Child and Adolescent Psychiatry Fellowships through multi-boarding of physicians

Create Multiple Boarding Opportunities for Physicians. There are currently 9 triple board programs in the United States that are joint pediatrics, general psychiatry, and child and adolescent psychiatry in nature. This initiative aims to expand the HRIs capacity to include opportunities for multiple boarding through child psychiatry fellowships to residents in pediatrics and psychiatry.

The duration of the program is 5 years.

Recruitment and Retention

Locality Pay/Rurality. Establish State Salary Schedules that are adjustable based on locality areas to allow the pay scale to be adjusted for the varying cost-of-living across various parts of Texas and for rural areas with difficulty sustaining a workforce. Each locality area would have a pay adjustment percentage, updated every biennium, which would indicate how much over the base state salary a state employee working within a specific locale would earn. Therefore, localities with a higher cost of living, and rural areas that have difficulty sustaining a workforce would have a higher adjustment percentage than localities with a lower cost of living.

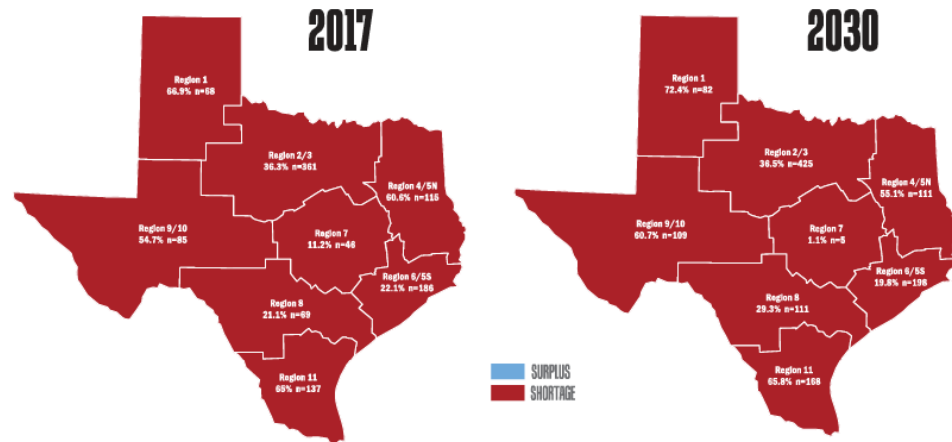
Appendix 1

Graph 1. Psychiatrist Projection of Shortages ([source](#))

Map of Psychiatrist Shortage by Region, 2017 and 2030

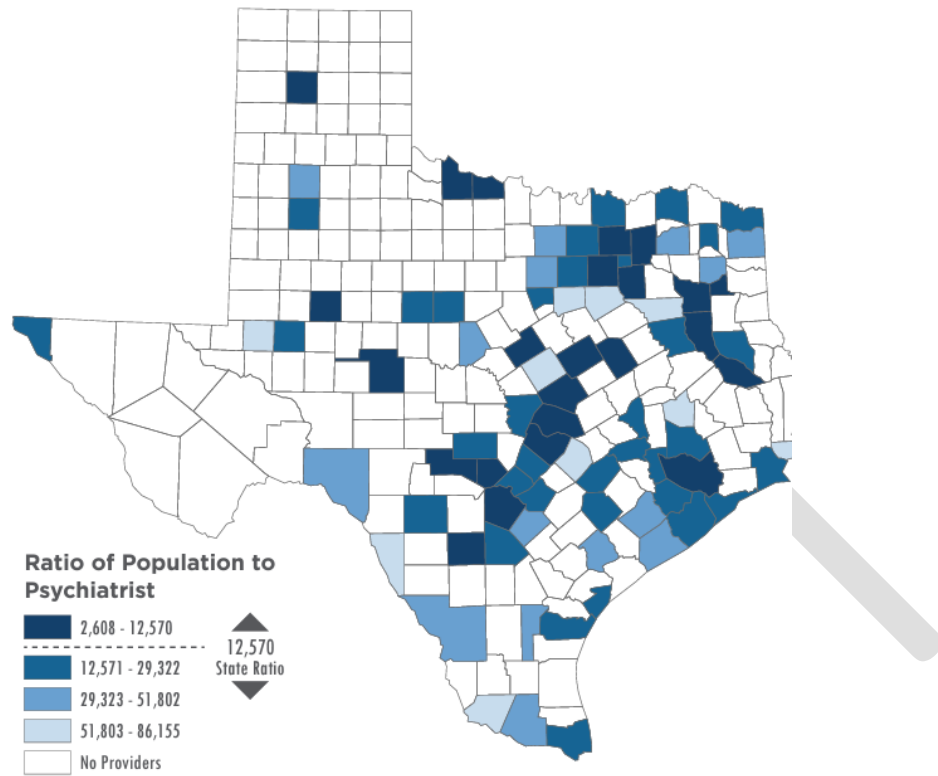
In 2017 and 2030, all regions are projected to have a shortage of psychiatrists, indicated in red in Figure 53.

Figure 53 - Percent of Psychiatrist Demand Exceeding Supply and FTE shortage/surplus (n)



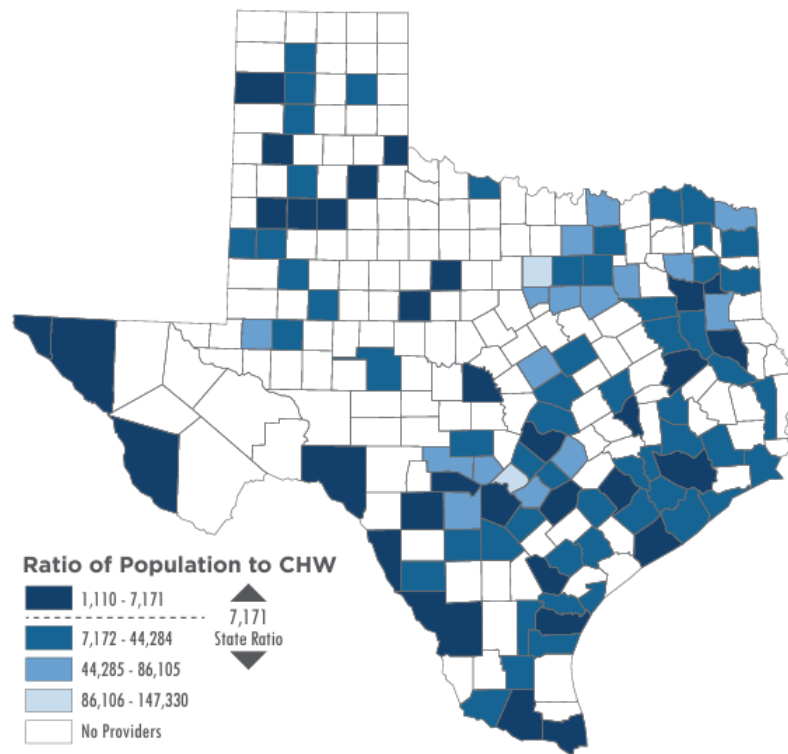
Graph 2. Ratio of Texas Population to Psychiatrists ([source](#))

Figure 3. Ratio of Texas Population to Psychiatrist by County



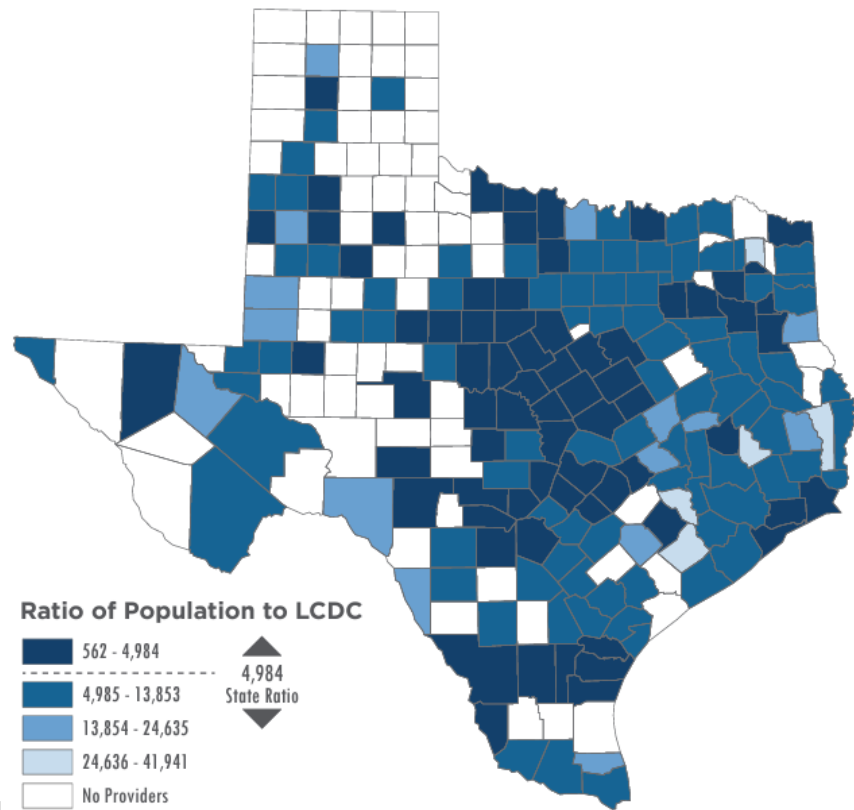
Graph 3. Ratio of Texas Population to Community Health Workers ([source](#))

Figure 3. Ratio of Texas Population to CHW by County



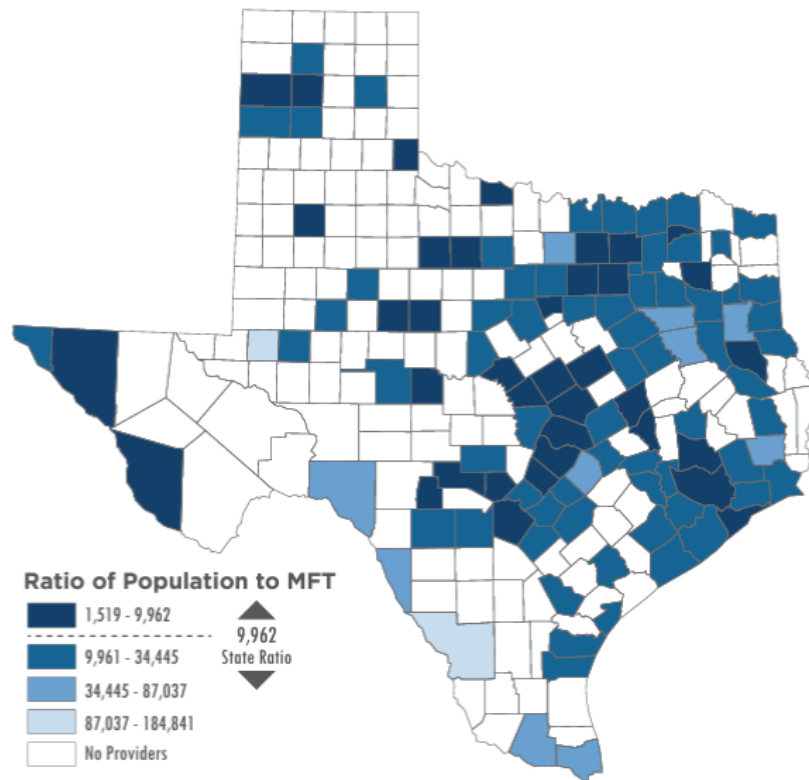
Graph 4. Ratio of Texas Population to LCDs ([source](#))

Figure 3. Ratio of Texas Population to LCD by County



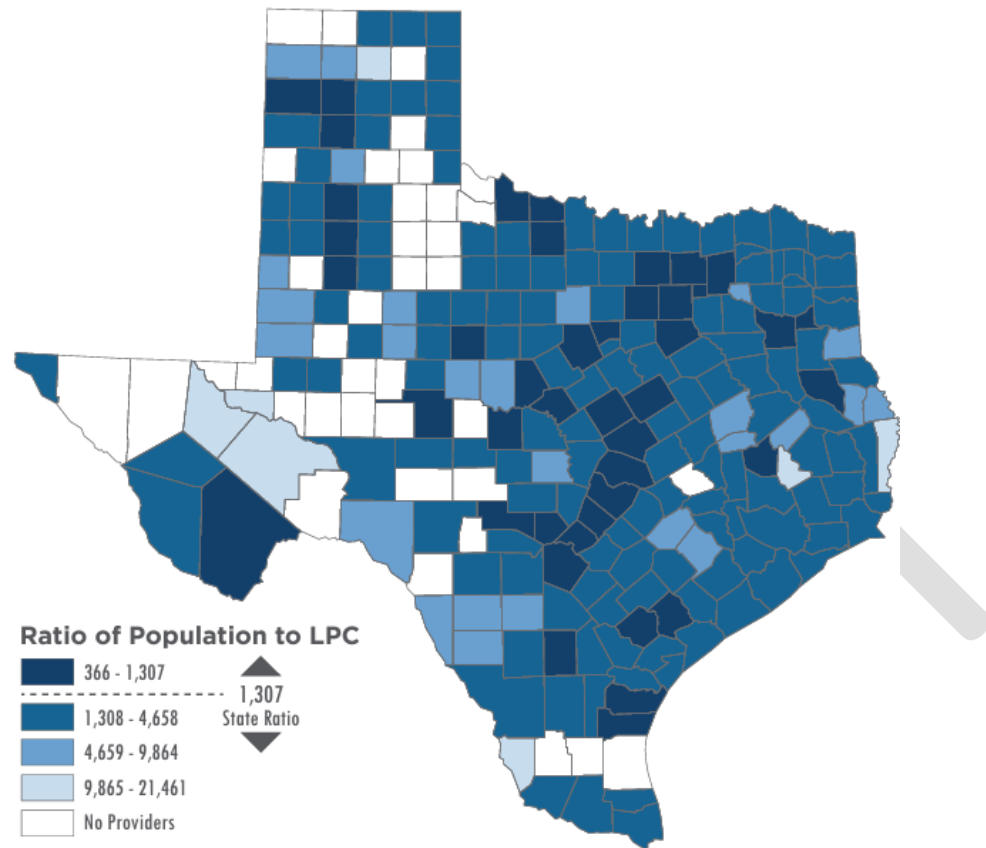
Graph 5. Ratio of Texas Population to LMFTs ([source](#))

Figure 3. Ratio of Texas Population to MFT by County



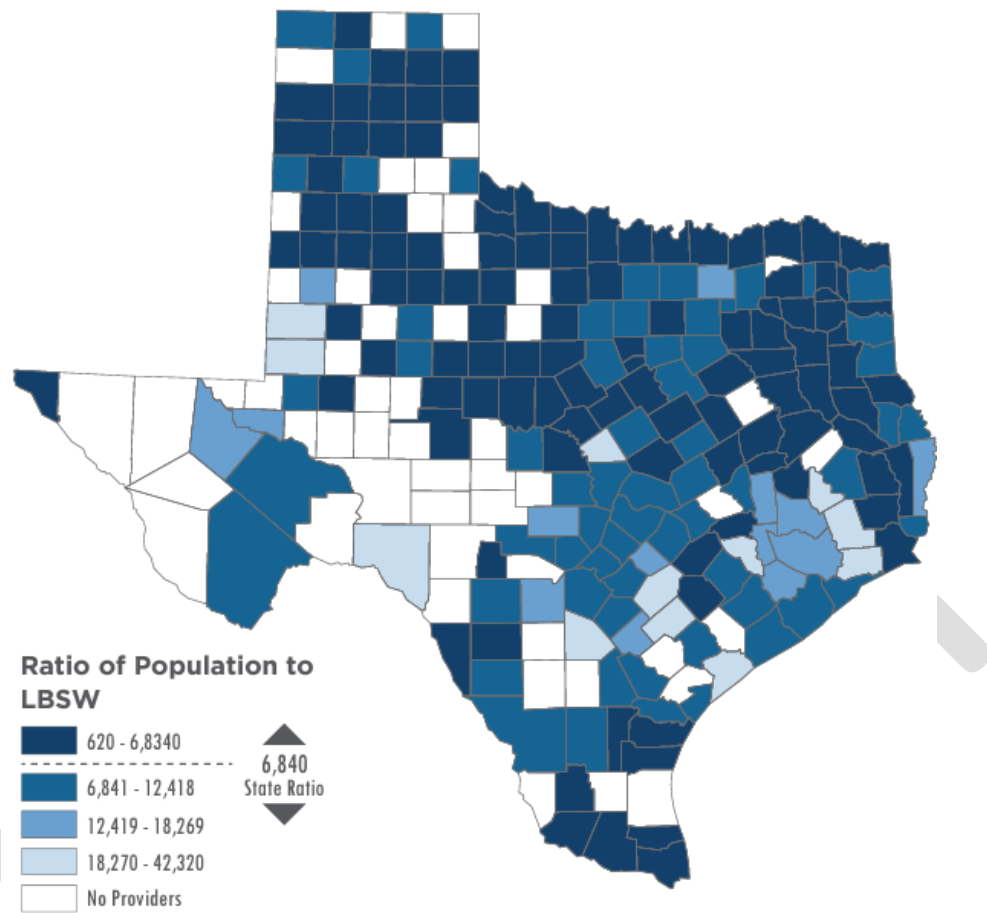
Graph 6. Ratio of Texas Population to LPCs ([source](#))

Figure 3. Ratio of Texas Population to LPC by County



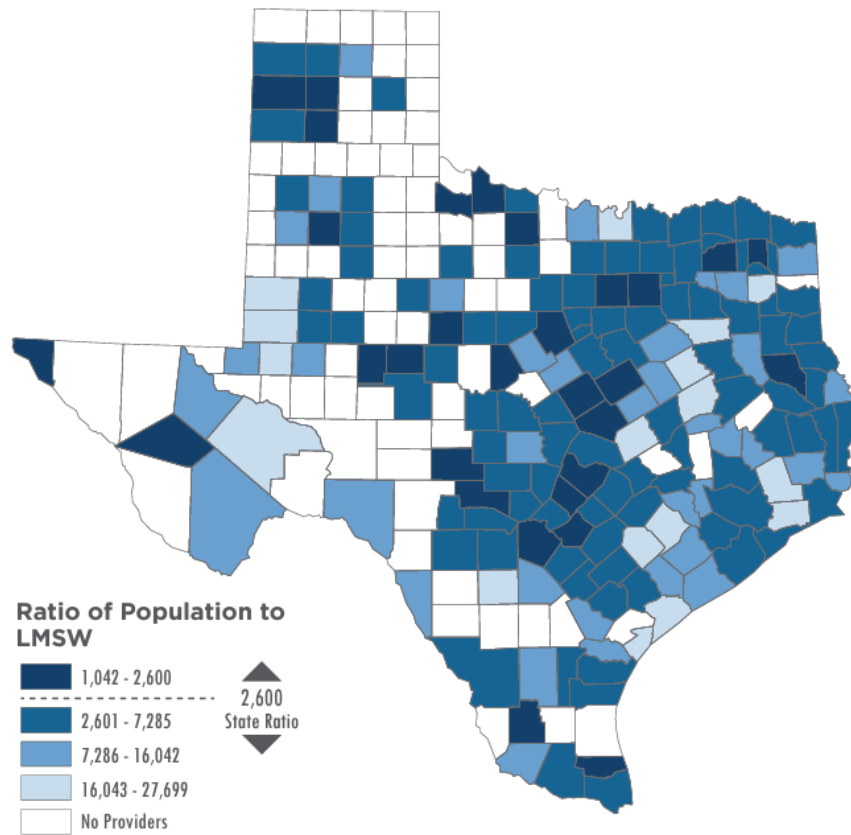
Graph 7. Ratio of Texas Population to LBSWs ([source](#))

Figure 3. Ratio of Texas Population to LBSW by County



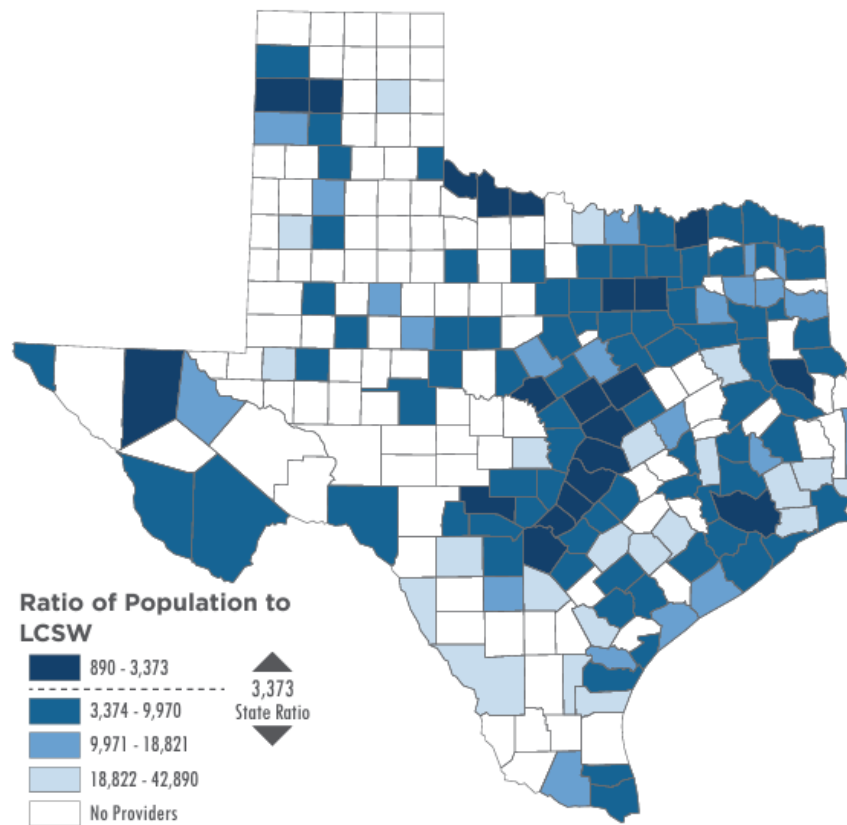
Graph 8. Ratio of Texas Population to LMSWs ([source](#))

Figure 3. Ratio of Texas Population to LMSW by County



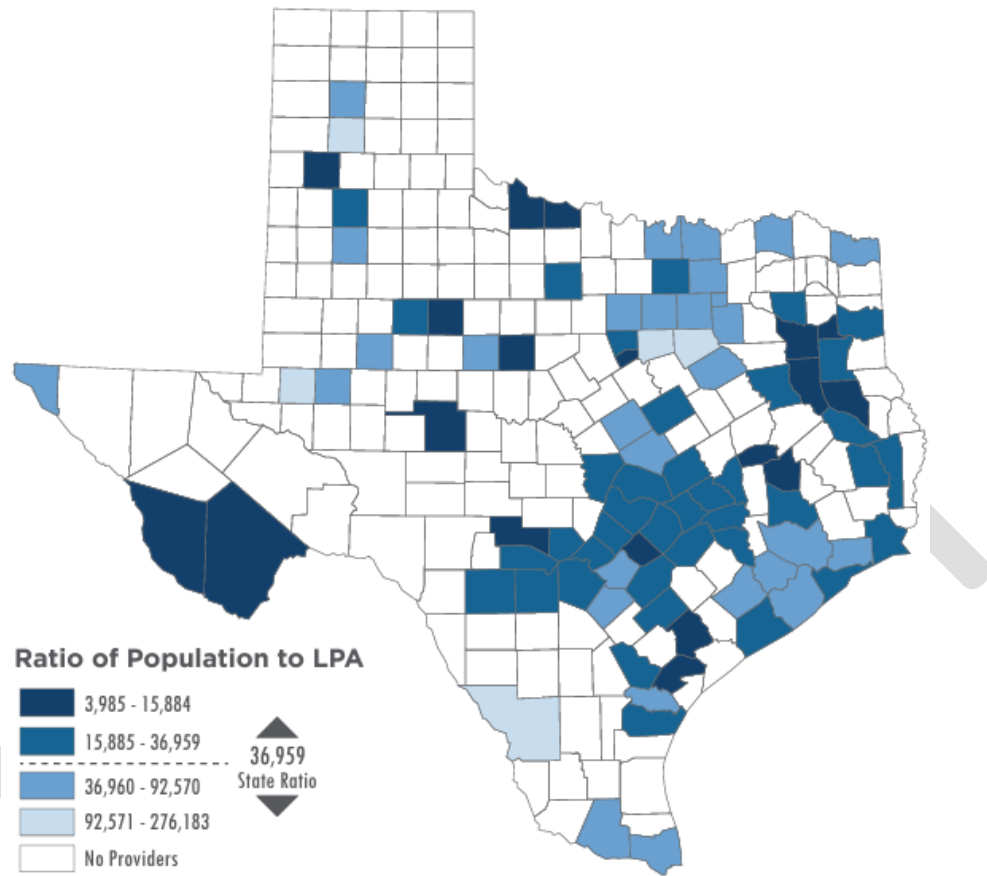
Graph 9. Ratio of Texas Population to LCSWs ([source](#))

Figure 3. Ratio of Texas Population to LCSW by County



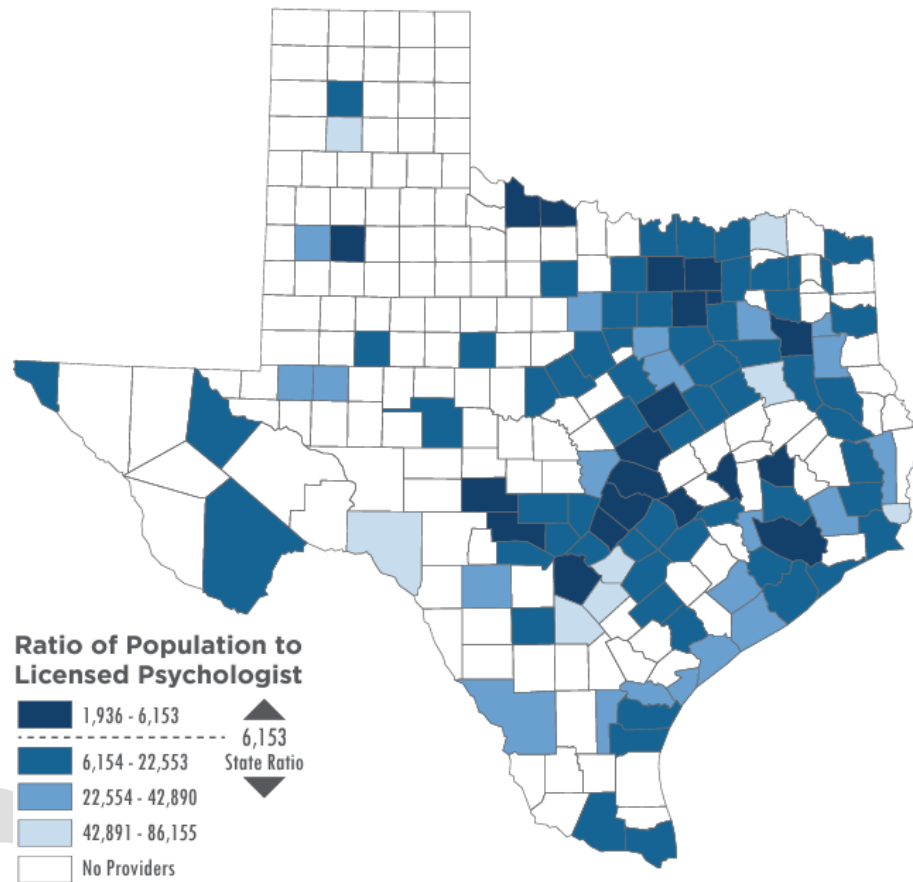
Graph 10. Ratio of Texas Population to Licensed Psychological Associates ([source](#))

Figure 3. Ratio of Texas Population to LPA by County



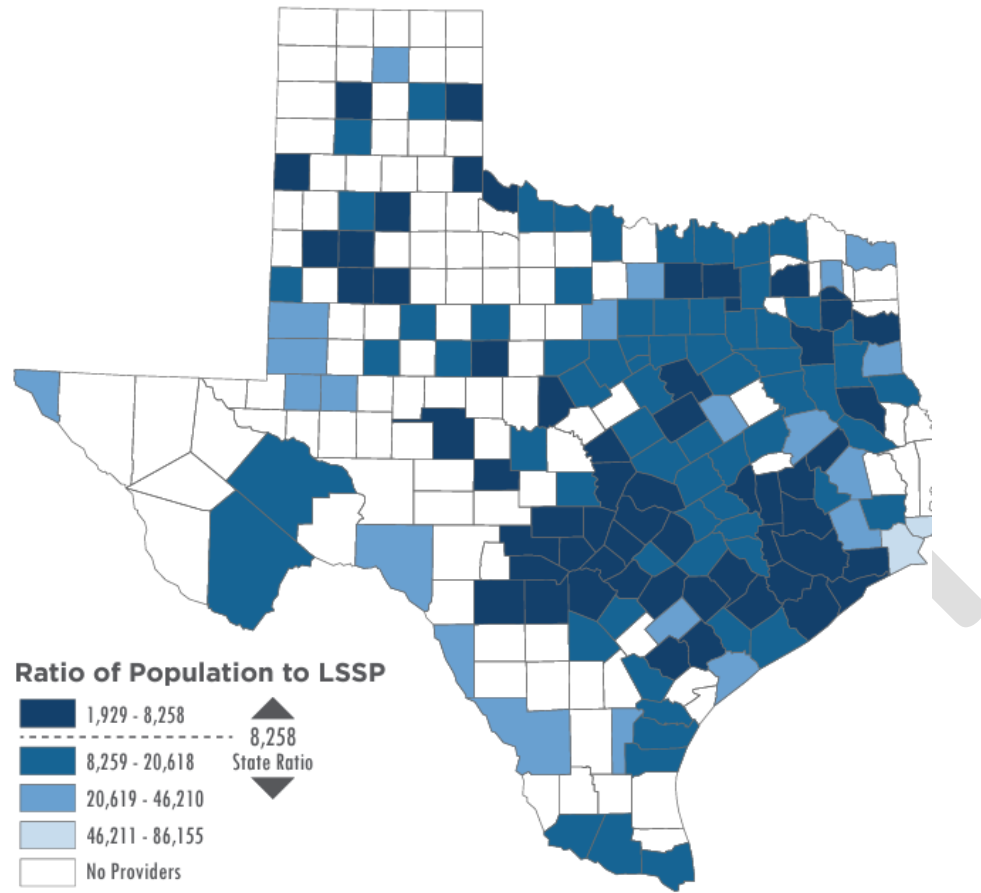
Graph 11. Ratio of Texas Population to Licensed Psychologists ([source](#))

Figure 3. Ratio of Texas Population to Licensed Psychologist by County

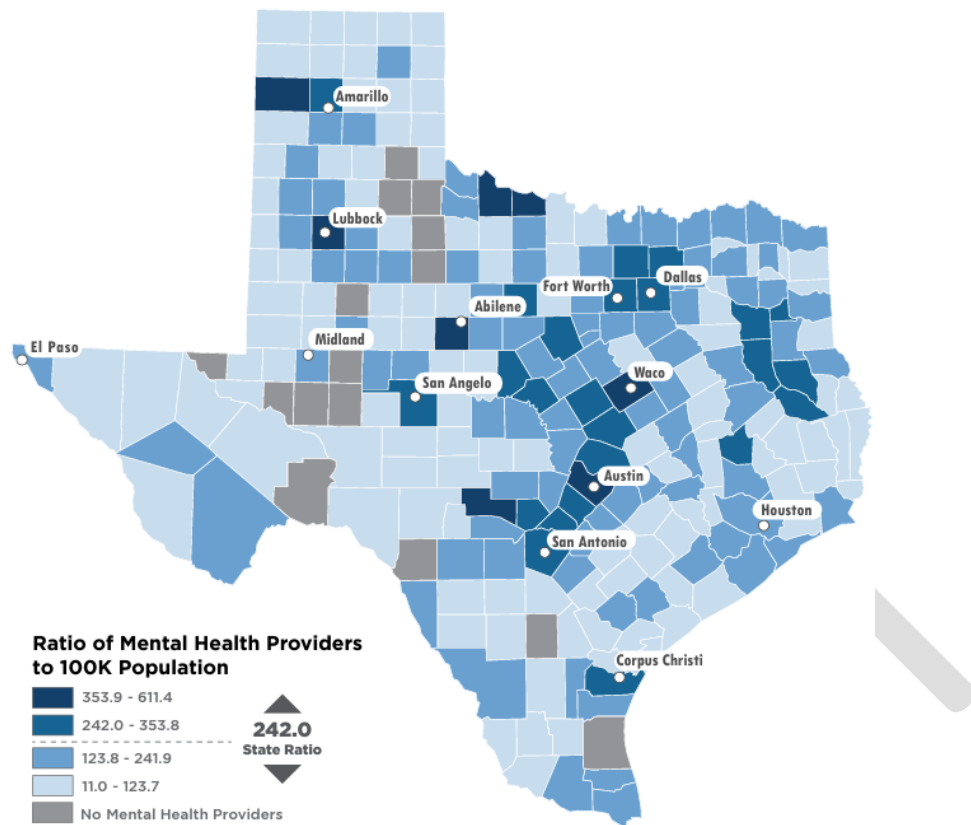


Graph 12. Ratio of Texas Population to Licensed School Psychologists ([source](#))

Figure 3. Ratio of Texas Population to LSSP by County



Graph 13. Ratio of Mental Health Providers to 100k Population ([source](#))



- “The mental health workforce in Texas includes the following professions: clinical nurse specialists, community health workers or promotores, licensed baccalaureate social workers, licensed chemical dependency counselors, licensed clinical social workers, licensed master social workers, licensed professional counselors, licensed psychological associates, licensed psychologists, licensed specialists in school psychology, marriage and family therapists, nurse practitioners, provisionally licensed psychologists, and psychiatrists. Counts include only providers who were licensed with their Texas board and actively working in their profession. Clinical nurse specialists and nurse practitioners include only those who indicated they were employed in the field of nursing and had a specialty in psychiatric/mental health. Psychiatrists include only those who indicated they provided direct patient care. Analyses include all providers for whom the respective data were available.”*

APPENDIX 2

- **Career Lifecycle**

- Associates Track
 - Community college graduates pursue a mental health/medical-related track
 - Pre-Degree
 - If required for graduation, the undergraduate student will complete a 6–12-month internship
 - Post-Degree
 - The graduate may choose to work in community-focused health
 - Professionals include peer-support specialists, nursing assistants, and other community health workers.
 - AND/OR the graduate may pursue a higher degree
- Undergraduate Track
 - Community college graduates, existing community college students, or new students to higher education pursue a mental health/medical-related track
 - Pre-Degree
 - If required for graduation, the undergraduate student will complete a 6–12-month internship
 - Post-Degree
 - The graduate may choose to work in community-focused health
 - Professionals include peer-support specialists, nurses, social workers, and other community health workers.
 - The undergraduate will pursue necessary clinical licensure
 - AND/OR the graduate may pursue a higher degree
- Graduate Track
 - Graduates of a bachelor's program pursue a mental health/medical-related track
 - Pre-Degree
 - The graduate student will complete a 6–12-month internship
 - Post-Degree
 - The graduate may choose to work in community-focused health
 - Professionals include therapists, psychiatric nurse practitioners, and other community health professionals.
 - The graduate will pursue necessary licensure plan required for clinical license.
 - This licensure plan may require up to 2 years of supervised clinical work.
 - Many times the graduate must self-pay (\$5,200 to \$10,400 per year) for this clinical supervision.
 - AND/OR the graduate may pursue a higher degree
- Doctoral Track
 - PhD: Graduates of a master's program pursue a mental health-related track
 - Pre-Degree
 - The PhD student will complete a minimum 12-month internship
 - Post-Degree
 - The PhD graduate will pursue necessary clinical licensure required to practice independently

- MD: Graduates of a bachelor's program or master's program complete 4 years of medical school and subsequently may pursue psychiatric training
 - Pre-Residency
 - The MD graduate will complete 4 or more years of a psychiatric residency training plus potentially 2 years of child and adolescent psychiatry fellowship training
 - Post-Residency
 - Following residency, trainees pursue the necessary boarding process (between 1-3 boards) and licensure