



Workforce Challenges in Mental Health and Intellectual Disability Services
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by the Texas Council of Community Centers
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Long before March 13, 2020, when the President declared a national emergency concerning the COVID-19 pandemic and Governor Abbott followed with a statewide disaster proclamation, mental health¹ workforce shortages in Texas were identified by agencies, advocates, and a variety of stakeholders as a critical challenge facing our state.² A 2011 report³ characterized the challenge as a crisis; unfortunately, the situation has worsened in the decade since.

In 2009, 173 of 254 Texas counties (68%) were designated as Health Professional Shortage Areas (HPSAs) for mental health. By May 2021, that number had grown to 246 counties.⁴ This means that an astonishing 97% of Texas counties face severe challenges in attracting and maintaining a mental health workforce sufficient to meet the population's needs. These challenges have become even greater in the face of the COVID-19 pandemic, which continues to amplify historical shortages, even as demand for mental health and substance addiction treatment and services is on the rise.⁵

Over the last year, the Texas Council of Community Centers (Texas Council)⁶ has released several surveys to the thirty-nine Community Mental Health and IDD Centers in the state to gather statewide information about workforce challenges. Overwhelmingly, respondents indicate workforce shortages have been significantly exacerbated by the pandemic. Many cited the inability to offer competitive compensation as a major obstacle in their attempts to recruit and retain staff necessary to provide essential mental health and substance addiction services. Attracting and retaining workers who provide services for individuals with intellectual disabilities is also commonly cited as a significant challenge, with respondents noting that lack of staff had forced them to delay opening certain service locations or to decrease operating capacity.

COVID-Related Workforce Challenges

Survey respondents consistently note a host of challenges related are significant, with scores of positions remaining unfilled due to a lack of applicants. One respondent noted hundreds of open positions, with many attracting zero applicants. Others describe ever-increasing described substantial increases in the time it takes to fill openings, often months, and note fewer applications overall.

¹ References to "mental health" as used here include both mental health conditions and substance use disorders

² <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/behavioral-health-workforce-workgroup-report-dec-2020.pdf>

³ http://www.mhm.org/images/stories/docs/Mental_Health_Crisis_final_032111.pdf

⁴ <https://txdshs.maps.arcgis.com/apps/MapSeries/index.html?appid=49655b85eb5d4cd4b637aafc74467aa4>

⁵ <https://gov.texas.gov/news/post/governor-abbott-hhsc-announce-210-million-in-federal-emergency-funding-for-behavioral-health-services>

⁶ As an association, the Texas Council represents the 39 Community Mental Health and IDD Centers which serve as the foundation for Local Mental Health/Behavioral Health Authorities and Local IDD Authorities across the state.



Staff turnover rates are higher than they were before the pandemic, with respondents noting that positions requiring staff to provide services in person are particularly hard to fill and keep filled. In reporting high turnover rates among direct care staff offering services for individuals with intellectual and developmental disabilities, one respondent noted that “families and clients develop strong professional relationships with the staff, which promote trust and peace of mind to both clients and families. When the staff leave it creates uncertainty and requires the client and family to re-establish a professional relationship with new staff.” Service coordination is a vital resource provided by Local IDD Authorities, and high turnover and vacancies in this area negatively impact the individuals and families who rely on it to help them remain in their communities and avoid high-cost, institutional care.

The problems of turnover and vacancy apply to virtually all levels of staff. Many respondents reported significant challenges in hiring and retaining direct care workers on the lower end of the salary spectrum, noting that for staff without licensure requirements, competition is high with a variety of other industries, many of which can allow people to work from home or in lower-stress, less acute settings. Mid-range positions pose similar challenges, with competition from schools, the prison system, and state agencies, all of which can offer more pay and additional benefits. Finally, competition for licensed staff is fierce, with hospitals and private healthcare settings attracting nurses and doctors with sign-on bonuses and salaries and benefits that respondents are unable to match.

Impacts of Workforce Challenges

As may be expected, with the increased recruitment and retention challenges within the public mental health workforce come impacts to the services offered. One respondent noted that caseloads had doubled during the pandemic, leaving workers stretched thin and unable to provide the necessary level of personalized client focus. Another is no longer able to keep one of its respite facilities open 24/7 due to staff shortages, disrupting client services and making the open hours busier and more challenging for providers. Others report having to combine multiple clinics into one facility, making access more challenging for clients who once lived near a now-shuttered location.

The demand for various mental health crisis services has increased during the pandemic, even as capacity struggles continue to unfold. Without licensed staff required to operate crisis services in community settings, individuals at the highest level of need and acuity are directly impacted, which has negative downstream effects on hospital emergency departments and law enforcement agencies. Crisis services often serve as a community’s safety net for individuals with the highest psychiatric needs. Without the licensed staff required to operate crisis services, individuals in crisis fall through the cracks. The jails and emergency rooms in which these individuals find themselves are not appropriate treatment settings in the best of times; in the throes of a pandemic, jails are desperate to prevent COVID-19 outbreaks and emergency rooms are already overrun with patients.

Outpatient services have also been affected. Respondents report dramatically increased caseload sizes in children’s as well as adult services. Lack of staff capacity to perform intake assessments means people in need of care must wait longer to access services. Respondents also report having had to cut down on weekend and after-hours clinic times, further limiting access. Others report delaying implementation of new programs, due to lack of staff support.



Each of these challenges exacerbates and compounds the others. When clinic hours are limited, and people must wait longer to access services, they are more likely to have a crisis episode or need a higher level of care. When caseloads are stretched well beyond established limits, the ability to provide people with necessary comprehensive services is compromised. This circumstance also has negative impacts on earned revenue, since fewer billable services are provided. This decreased revenue makes maintaining appropriate salaries even more challenging, further discouraging potential employees from applying to or remaining in positions.

Future Challenges

Over the last decade, Texas has dramatically increased its investments in mental health services, and several state-federal partnerships have contributed to dramatic changes in the mental health landscape. The Texas Healthcare Transformation Quality Improvement Program Waiver (1115 Waiver), which received initial approval from the Centers for Medicare & Medicaid Services (CMS) on December 12, 2011, provided incredible opportunity for participating entities to draw down federal funds to support cutting-edge programs and services, as well as develop new partnerships and increase coordination among local entities.

The two new mental health related financing strategies authorized as part of the 1115 Waiver extension, initially approved by CMS in January 2021 and finally approved in late Fall 2021, are in early implementation but hold promise for retaining resources that have proved vital to communities across Texas.

Additionally funds available through H.R. 133, additional block grant funds allocated by the Substance Abuse and Mental Health Services Administration (SAMHSA), and grants to expand Certified Community Behavioral Health Centers (CCBHCs) offer great potential for expanding and improving mental health services across Texas. However, these initiatives create little to no opportunity to address workforce recruitment and retention within mental health services. This is also true of services within the IDD sphere, where funding is not available to address significant workforce challenges, such as those related to Local IDD Authority Service Coordination. Service delivery improvements will be of limited use if clinics are not able to attract qualified workers in sufficient quantity to maintain necessary service quality and standards of care.

Already, respondents have noted challenges with achieving certain metrics required of current funding through the 1115 Waiver. These include post-hospital follow-ups within certain time periods, which have proven extremely challenging in the post-COVID landscape. Concerns have also been raised regarding implementation of 9-8-8, the National Suicide Prevention Hotline which went live on July 16, 2022. The equivalent of a 9-1-1 emergency line for suicide prevention and mental health crisis, the 9-8-8 initiative brings with it certain requirements for crisis call lines and mobile crisis outpatient team deployments, many of which are already struggling to maintain contract-required answer times and rates.

Texas has already benefited significantly from the 1115 Waiver and stands to maintain the level of enhanced and expanded services with the two new financing strategies for mental health services, finally put back on course in FY22. The additional capacity anticipated through the H.R. 133 funds, the



SAMHSA investments, and the CCBHC grants is at risk due to the state's overwhelming workforce challenges. Appropriating state funds to support the public mental health and intellectual disability workforce will significantly impact the success of these efforts and allow Texas to continue its progress toward enhancing services for the individuals who are most in need.

Summary

From information our association gathered from the Local MH/IDD Authorities related to workforce needs across the state:

- Nearly all Local MH/IDD Authorities (87%) report challenges recruiting and retaining staff.
- Many Local MH/IDD Authorities (72%) report unusually high staff turnover as a significant workforce challenge.
- Vacancy rates (percentage of open positions) in some areas are as high as 40% overall, with substantial impact on qualified mental health professionals and direct care workers.
- Almost half of the Local MH/IDD Authorities (49%) indicate they have plans to discontinue, have already discontinued, or will be forced to reduce capacity for service provision due to significant staffing shortages.

Recommendations

To stabilize the public mental health and intellectual disability workforce operated and/or managed by the Local Mental Health/Behavioral Health Authorities and Local IDD Authorities we recommend:

- A Maintenance of Critical Services exceptional item such as the one used by the Legislature in 2009, with a targeted increase in appropriations to address increased operational costs and personnel shortages in the Local MH/IDD Authority System.
- Create workforce incentives such as free or reduced cost clinical supervision hours for Master level clinicians pursuing clinical-level certification for a commitment to work in the public system for a minimum of 2 years.
- Engage the licensure boards to explore streamlining clinical licensure requirements on a temporary basis during this significant workforce crisis.
- Direct HHSC to explore ways to utilize experience and training in lieu of certain educational requirements for Qualified Mental Health Professionals and IDD Service Coordinators (currently moving through the rule process) to expand the employment pool.

The COVID-19 pandemic continues to amplify historic workforce shortages, even as demand for treatment and services rise; fulfilling these recommendations would set the stage for stabilizing the public mental health and intellectual disability workforce, promote success of current initiatives and continue progress toward enhancing services for individuals most in need.