

To: Texas Health & Human Services Commission

Subject: Stakeholder Comments Concerning Texas Health & Human Services Legislative Appropriations Request Submission

Date: November 19th, 2021

Mental illnesses and substance use disorders are common, yet serious illnesses, and the isolation, loss, and trauma associated with the COVID-19 pandemic has further exacerbated these issues. While treatment for these illnesses has proven to be effective, access continues to be a barrier, particularly for vulnerable communities. One of the most significant factors affecting an individual's ability to access high-quality care is the **availability of a well-trained behavioral health workforce**.

Texas' behavioral health workforce shortage is dire, with all but one county designated a full or partial Mental Health Professional Shortage Area (MHPSAs).ⁱ In addition, while research shows that a diverse health care workforce can improve health care access, satisfaction, and communication for patients of color, the behavioral health workforce remains overwhelmingly White, with just over **10%** of practicing psychiatrists and **16%** of psychologists being underrepresented minorities.^{ii,iii}

A recent Houston survey of over 250 behavioral health professionals found that: Almost **40%** of respondents said an educational opportunity promoting behavioral health was the reason they entered the field (second only to having a loved one affected by a behavioral health issue); **80%** of respondents who had postsecondary field placement/internship requirements received no stipend during the placement; and the most common barrier to educational and supervision completion was financial. The results suggest that workforce recruitment efforts ideally should combine both educational and preparation components, as well as financial incentives for educational and supervision completion.

Enhancing the utilization of Mental Health Peer/Recovery Support Specialists is another cost-effective strategy to address the behavioral health workforce shortage across the state. Peer/recovery support is an evidence-based practice that uses certified, well-trained professionals who have unique lived experiences with mental illness and/or substance use disorder. However, there are two significant barriers to expanding peer/recovery support services across the state: 1) The peer/recovery support certification fee for many otherwise qualified individuals can be cost-prohibitive, keeping many from completing the process; and 2) The abysmal Medicaid reimbursement rate for peer/recovery support services (which is estimated to be **5x** lower than the Medicaid rehabilitation rate), significantly undervalues the benefit of these services and can act as a disincentive for providers to hire peer/recovery support specialists because the rates do not cover organizational costs. Just as troubling is that **the average annual salary range for certified peer support specialists in Texas begins at about \$22,509—less than half the national average of \$53,000 and just below the poverty-line** for households of four or more. Low pay for peer support providers is an enormous challenge for attracting and keeping well qualified professionals.

Without a culturally- and linguistically-competent, qualified workforce, we will be ill-equipped to meet the growing behavioral health needs of Texas residents. Providing funding for behavioral health workforce development efforts that attract more diverse students into the field, assist

individuals with the completion of certification and licensure programs, and expand the use of peer/recovery support services will ensure we can effectively serve the state's increasingly diverse populations of people with mental health and/or substance use disorders.

With that being said, we would like to request the following funding items to be included in the Texas Health & Human Services Legislative Appropriations Request as Exceptional Items, over the biennium:

- **\$2.5 million over the biennium** to create a grant program for pipeline initiatives to educate a diverse array of students on behavioral health careers (high school/community college presentations, etc.) across the state.
- **\$7 million over the biennium** to cover clinical supervision costs for 1,000 behavioral health professionals across the state (1,000 x avg. \$70/hour for 100 hours of direct supervision)
- **\$1 million over the biennium** to fully certify 500 Mental Health Peer/Recovery Support Specialists across the state (500 x avg. \$650 for didactic training + avg. \$50/hour for 26 hours of direct supervision + application fee).
- **Funding to at least double the Medicaid reimbursement rate for Mental Health Peer/Recovery Support Specialists.**

We urge HHSC to consider and incorporate these critical funding items into your Legislative Appropriations Request to the Texas Legislature.

Sincerely,

Network of Behavioral Health Providers & RecoveryPeople/TROHN, and:

Association of Substance Abuse Programs (ASAP)
Avenue 360
Big Blue Eye Consulting, LLC.
Center for Recovery and Wellness Resources
Children's Defense Fund
Clarity Inc.
Coalition of Texans with Disabilities
Communities for Recovery
Disability Rights Texas
Fireside Recovery Sober Living
Fort Bend Regional Council on Substance Abuse
Franklin County Rural Health Clinic
Girls Empowerment Network
Harris County Public Health
Healthcare for the Homeless Houston
Hogg Foundation for Mental Health
Houston Recovery Center
La Hacienda Treatment Center
Legacy Community Health
Lisa Ann Webb, LCDC
Mental Health Needs Council
Methodist Healthcare Ministries of South Texas

National Alliance on Mental Illness (NAMI) - Greater Houston
National Alliance on Mental Illness (NAMI) - Texas
National Alliance of Social Workers (NASW) - Texas
Prosumers International
Recovery Alliance of El Paso
Recovery Coalition of Texas
RecoveryATX
Santa Maria Hostel
Texans Care for Children
Texas Counseling Association
Texas Association of Addiction Professionals (TAAP)
Texas Center for Justice and Equity
The ARC of Texas
The Menninger Clinic
Thriving United
Woodlands Recovery Center

<https://www.ruralhealthinfo.org/charts/?state=TX>

ⁱⁱ Wyse, R., Hwang, WT., Ahmed, A.A. et al. *Diversity by Race, Ethnicity, and Sex within the US Psychiatry Physician Workforce*. *Acad Psychiatry* 44, 523–530 (2020). Abstract retrieved from: <https://link.springer.com/article/10.1007/s40596-020-01276-z>.

ⁱⁱⁱ American Psychological Association. *Is psychology becoming more diverse?* News from APA's Center for Workforce Studies. July/August 2015, Vol 46, No. 7 Retrieved from: <https://www.apa.org/monitor/2015/07-08/datapoint>.