

House Select Committee on Mass Violence Prevention and Community Safety
Written Testimony

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Duty #4: *Evaluate the ongoing and long-term workforce needs of the state related to cybersecurity, mental health, law enforcement, and related professionals.*

My name is Kara Hill and I am the Director of the Integrated Health Care Initiative at Mental Health America of Greater Houston. Access to mental health care is severely lacking for much of Texas' population. One reason for this is a pronounced shortage of mental health professionals. Eighty percent of Texas counties (199 of 254) are designated as mental health professional shortage areas, with less than 40% of the need for mental health professionals met by the current mental health workforce.¹ The need for psychiatrists is particularly pronounced, with demand projected to exceed supply by 1,208 full-time equivalents by 2030.²

Meeting the mental health needs of all Texans requires looking beyond traditional mental health providers to primary care. Building the capacity of primary care to address mental health concerns – with the support of mental health providers – is the most viable long-term solution to addressing Texas' mental health workforce crisis. This solution allows us to leverage scarce and costly psychiatric time, calling upon psychiatrists to provide consultation and support to primary care providers rather than see all individuals with mental health needs themselves.

Although physical health and mental health are linked, our health care system has traditionally addressed them separately. However, primary care is a *de facto* provider in the mental health care system in the United States; the majority of individuals with behavioral health needs present in primary care. Behavioral health needs remain largely unmet, and primary care providers traditionally have had two options: refer the patient out (with long "wait lines") or treat patients themselves without proper training, protocols, and support from behavioral health providers. Integrated health care aims to abolish these challenges and provide essential steps to increase access and normalize behavioral health treatment.

As patients, we present most of our physical and psychological concerns to our primary care provider (PCP). This can be for a myriad of reasons. When it comes to our physical - and even mental health - we trust our PCPs because we have built relationships with them over the years. They hear our concerns and are the "front door" access for our care. We may also find

¹ Bureau of Health Workforce. (2020). *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2020 Designated HPSA Quarterly Summary*. Health Resource and Service Administration, U.S. Department of Health & Human Services.

² Department of State Health Services. (2018). *Texas Projections of Supply and Demand for Primary Care Physicians and Psychiatrists, 2017-2030*. Health Professions Resource Center, Texas Health and Human Services Commission.

that the process of trying to find a behavioral health provider and/or psychiatrist as burdensome, which is made even more complex when trying to identify who accepts insurance. If we have the time to call around to various behavioral health providers and find someone who accepts our insurance, determining when the next available appointment is a new challenge. Then we must tell our story and our history all over again, build a new relationship, and what if we do not connect with that person? For many, this is an overwhelming and discouraging experience. We already trust our PCP and accessing mental health care through them lessens the internal - and potentially external - stigma we feel about seeing a behavioral health provider. Patients prefer receiving behavioral health care services at their PCP and integrated health care can eliminate many of the barriers that patients experience when attempting to access behavioral health services.

Throughout the state of Texas, our PCPs are the backbone of our healthcare system and are passionate about caring for their patients and ensuring that their patients get access to the care they need. Despite their desire to help, in both urban and rural settings, PCPs have few viable choices when it comes to accessing mental health services for their patients. Recently a physician was sharing his passion, concerns, and challenges of coordinating the care his patients need. The physician stated that PCPs work to ensure that their patients get the mental health care they need. When providers cannot find behavioral health professionals to refer their patients to, they are willing to provide the care themselves, even if it means they provide services that will not be reimbursed. The complexity of Texas Insurance code system leaves many PCPs are unaware of many of the codes that they can use for reimbursement and would rather forgo payment than not give the care their patients need. An even bigger barrier than payment is fear. PCPs often do not provide deeper levels of mental health care because of fears associated with this type of care. They fear something will go wrong. They fear being left alone when challenges arise. They fear liability issues. An integrated health care environment can help address providers' fears and challenges by giving them the supports and back up they need both financially and clinically.

Expansions in access to behavioral health services and workforce development cannot remain limited to increasing the number of behavioral health providers and psychiatrists. Primary care physical health providers are essential to increasing access to behavioral health services. We propose that Provider Support, also call Provider Enablement, is essential in the development of integrated care and increasing access to care. Key components of Provider Enablement are:

- Training in team-based care;
- Learning collaboratives to share best practices;
- Technical assistance to help providers leverage tools and resources;
- Fixed financial investments to support activities that are not traditionally reimbursed by Medicaid;
- Support for practices to hire behavioral health providers or physician extenders.
- Resolution of the challenges associated with patient attribution/member assignment; and

- Support in measurement/reporting of outcomes in quality and cost containment.³

As a member of the *Texas Behavioral Health Workforce Workgroup*, I support the action steps set forth to address Texas' behavioral health workforce shortages. Several of these key action steps could put in place systemic improvement through Provider Enablement activities. These include:

- Create incentives for value-based payment contracts between providers and MCOs, allowing MCOs to incentivize providers who are willing to take training/education and participate 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 the transition from traditional care to integrated health care;
- Update Medicaid billing requirements to allow for Medicaid reimbursement of licensed professional counselors (LPC) Interns, licensed marriage and family therapists (LMFT) Associates, and licensed master social workers (LMSWs) working toward advanced clinical licensure. These providers can serve as physician extenders and support personnel; and
- Create opportunities to expand access to integrated health care through the provision of behavioral health services via telehealth and telemedicine.⁴

MHAGH's IHCI is developing a means of promoting innovative system improvement by disseminating best practices in Provider Enablement, including preparations for Value-Based Contracting. With support from local funders, Medicaid managed care organizations, and practitioners, we developed a plan to begin a system-wide project that will be implemented and analyzed throughout the next three years. This plan, contingent upon full funding, encompasses all the critical components of Provider Enablement listed above and will support improvements in workforce development and access to care.

As we make our way in this "new normal" of COVID-19, it is important to think about how the uncertainty, loss, and grief brought on by the pandemic has increased the need for mental health and behavioral health supports. "The gap between patients with and without resources has only widened during the COVID-19 crisis and is a specific problem integrated primary care settings must grapple with in their efforts to provide accessible care."⁵ The need for behavioral

³ Catalyst for Payment Reform. (2017). *Medicaid Managed Care Contracts as Instruments of Payment Reform*. Robert Wood Johnson Foundation.

⁴ Behavioral Health Workforce Workgroup. (2020). *Texas Behavioral Health Workforce Workgroup Executive Summary*. Austin, TX: Texas Health and Human Services Commission.

⁵ Kanzler, E. K., & Ogbeide, S. (2020). Addressing Trauma and Stress in the COVID-19 Pandemic: Challenges and the Promise of Integrated Primary Care. *Psychological Trauma: Theory, Research, Practice and Policy*, S177-S179.



health services is only increasing with higher prevalence post-COVID19 due to higher exposure to trauma and trauma-related events. More often, patients who experience trauma present in a primary care setting because of the body's physical reactions to stress and trauma such as insomnia, gastrointestinal concerns, and higher blood pressure, among others. Now is the time to support PCPs and strengthen integrated health care to meet the growing needs of vulnerable populations. "Integrated primary care teams will undoubtedly prove to be essential in meeting the needs of our communities, first responders, and health care workers who will be suffering the effects of this pandemic for years to come."⁶

In closing, it is essential to support Physicians that are Primary Care Providers to expand behavioral health workforce development. PCPs are the constant key provider for integrated health care. They need behavioral health support, technical assistance and training, and financial support that covers time spent outside of the exam room to build knowledge and understanding of integrated team-based care. It is also essential to make fixed financial investments with practice/providers that will support the transition from standard care to integrated health care. The Texas Medicaid program operated through HHSC can support the development of these immediately implementable recommendations.

Thank you for your time and consideration.

Sincerely,

Kara Hill



Mental Health America of Greater Houston (MHAGH)'s mission is to drive community solutions that promote mental health. For over 60 years, since 1954, MHAGH has advocated for such solutions. Since 2009, MHAGH has been a state leader in integrated health care, which we define as "[t]he care that results from a practice team of physical health and behavioral health (mental health and substance use) providers, working together with patients/consumers and families, using a systematic approach to provide patient/consumer-centered care." Our Integrated Health Care Initiative (IHCI) creates partnerships; provides leadership and vision; advocates and educates; provides personalized technical assistance; and implements and sustains efforts that promote integrated health care through a multi-stakeholder approach. As the director of the IHCI, I serve as a member of the Texas Behavioral Health Workforce Workgroup. Alejandra Posada, M.Ed., MHAGH's Chief Operating Officer, directed the IHCI from 2010 to 2019 and is a member of HHSC's Value-Based Payment and Quality Improvement Advisory Committee, and sits on the Board of Directors of the Collaborative Family Healthcare Association, a national professional association focused on integrated health care.

⁶ Ibid.