Where do we go from here?

Prioritizing Concerns and Building Solutions for Tarrant County Mental Health

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ACKNOWLEDGEMENTS

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This report would not be possible without the invaluable insights and contributions of the participants of the Mental Health Connection Leadership Assembly on September 2 and December 9 of 2021.

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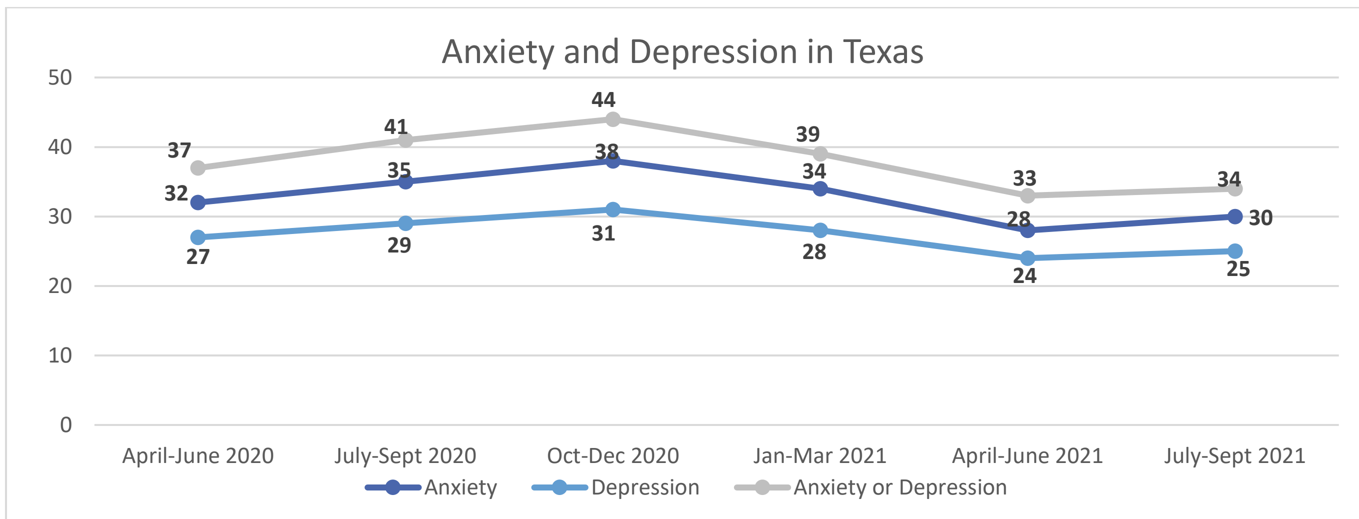
The Parenting Center	Chris Butler	Executive Director
The Women's Center	Laura Hilgart	Chief Executive Officer

OVERVIEW

As our community has mobilized to contain the spread and minimize the health consequences of COVID-19, mental health has emerged as one of the most challenging long-term concerns of the pandemic. **Prior to the pandemic, Texas ranked in the bottom quarter (38 out of 51) of states/ and the District of Columbia regarding the number of residents experiencing mental illness and access to care[1].** Already in this vulnerable state, we have watched individuals and families grapple with substantial increases in mental health conditions. Depression, anxiety, substance misuse, family violence, suicidal ideation, and trauma have arisen as the pressing day-to-day barriers in all settings: homes, workplaces, schools, and social media. This eruption has increased demands for mental health care, along with the need to pivot to safer models of service delivery and resulted in workforce shortages and long wait lists. A brief survey conducted by MHC indicated that wait lists vary widely depending on the type of mental health care or assessment needed. However, on average, organizations reported waits of seven weeks to 6 months or longer, depending on types of services requested[2].

On average, Tarrant County service providers report waits of 7 weeks to 6 months or longer, depending on the type of service.



**Percent of Texans reporting symptoms of anxiety and/or depressive disorder during the last 7 days, averaged by quarter[3]*

- *In 2019,* national rates of anxiety and depression among U.S. adults averaged 8% for anxiety, 6.5% depression, and 11% depression or anxiety[3].
- ***In the months since the pandemic began,*** these rates have tripled[4]. The overall ranking for access to mental health care and prevalence of mental illness in Texas fell from 38 to 44 in the most recent rankings published by Mental Health America[5],
- *In the third quarter of fiscal year 2021*, Texas ranked 50 out of 51 states/DC in the ratio of mental health providers to residents at 1 provider for every 830 residents[6].

[1] Reinert, M, Nguyen, T, & Fritze, D, "State of Mental Health in America- 2020."
[2] Wickramage, P. (2021) Unpublished wait list survey results
[3] National Center for Health Statistics, "Estimates of Mental Health Symptomology, by Month of Interview: United States, 2019."
[4] National Center for Health Statistics and US Census Bureau, "Anxiety and Depression: Household Pulse Survey."
[5] Reinert, M, Fritze, D & Nguyen, T, "The State of Mental Health in America 2022."
[6] Health Resources and Services Administration (HRSA), "Third Quarter of Fiscal Year 2021 Designated Health Professional Shortage Area Quarterly Summary."

PROCESS

MOBILIZING A RESPONSE IN TARRANT COUNTY

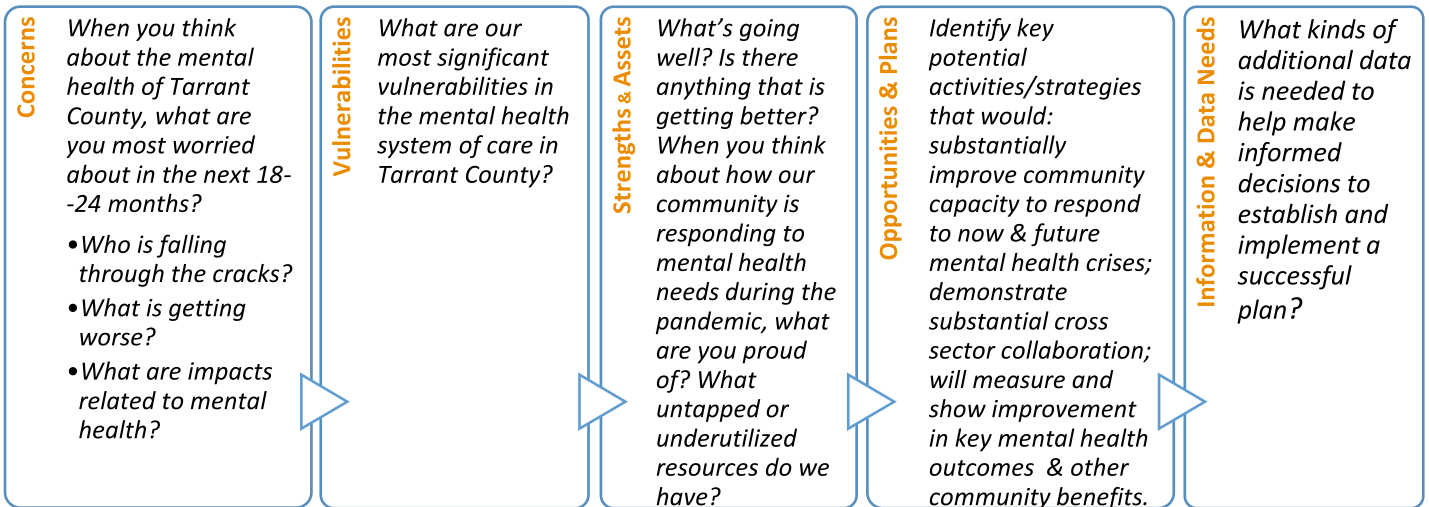
The Mental Health Connection of Tarrant County led a process to establish priorities for addressing the pandemic crisis. On September 2, 2021, over 40 Leaders from 32 different organizations assembled for a half day facilitated strategic dialogue regarding local and current mental health state of affairs. On September 13, the conversation was continued during the General MHC Membership virtual meeting with breakout session topics that mirrored those of the Leadership Assembly.

In total, 89 community stakeholders completed surveys ranking their priorities related to mental health concerns, system vulnerabilities, strengths/assets, opportunities, and information needs. Stakeholders represented the wide range of MHC member organizations including non-profit counseling services, health systems, justice system, and school districts. Since survey respondents were asked to identify their top three items in each category, this resulted in a possibility of 267 ratings per category.

More than 40 individuals participated in the initial Leadership Assembly and 36 completed a survey following a series of facilitated discussions on each of the five topics. The survey options were generated by consolidating points and suggestions made during small group dialogues. The survey prompted participants to select their top three choices under each category. Later that month, participants in a general membership meeting were asked to take Zoom-based polls where they ranked top concerns/vulnerabilities and potential solutions (opportunities and plans), then discussed these in small break out rooms. Following the meeting, participants were provided with a ranking survey similar to the one generated during the Leadership Assembly. 53 individuals participated in that survey. In addition, a survey and follow-up interviews were conducted with intake personnel to further **assess mental health services wait-lists.**

This process was finalized in December 2021 with a stakeholder review that included a second Leadership Assembly on the 9th and a General MHC membership meeting on the 13th. The preliminary report findings were used to guide further discussion for interpretation of findings and clarification of priorities and next steps.

5 Primary Categories of Assessment and Dialogue



FINDINGS

Overall results characterize a system that is stretched to capacity and overwhelmed by the attempting to address mental health in the context of other needs, such as housing and food insecurity. While leaders recognize the importance of strengthening the mental health infrastructure, managers and providers described a system where the most vulnerable are falling through the cracks and workforce shortages are overburdening existing personnel**.** A vision for making progress combines strategies to address basic human needs, as well as methods to improve system collaboration and navigation.

Managers and providers described a system where the most vulnerable are falling through the cracks and workforce shortages are overburdening existing personnel.

The Table below shows the most commonly ranked items in each area.

	Highest Ranking	Second Highest Rank	Third Highest rank
Concerns	Overall capacity of providers to serve the community	Increased need for mental health services	Family instability
Vulnerabilities	Workforce shortages and wait lists	Lack of funding for needed services	Lack of highly qualified mental health providers
Strengths and Assets	Flexible and innovative staff/creative responses to the pandemic	Increased focus on mental well-being	Ability to pivot to virtual service delivery
Opportunities and plans	Develop mental health urgent care services	Increase navigators to help clients journey through the mental health system	Address basic needs (e.g., Maslow, such as housing, food insecurity, safety)
Information needs	Identify obstacles/barriers to making change	Best practice information from other communities	Collection of HR data to determine what the workforce issues are

In many areas, Leadership Assembly and General Membership participants ranked items differently, which typically align with perspective associated with their roles and responsibilities. Some differences are noted here:

Leadership prioritized higher than General Membership

- themes -systems and organizational
- provider capacity
- lack of care coordination
- high acuity
- access to specialized care

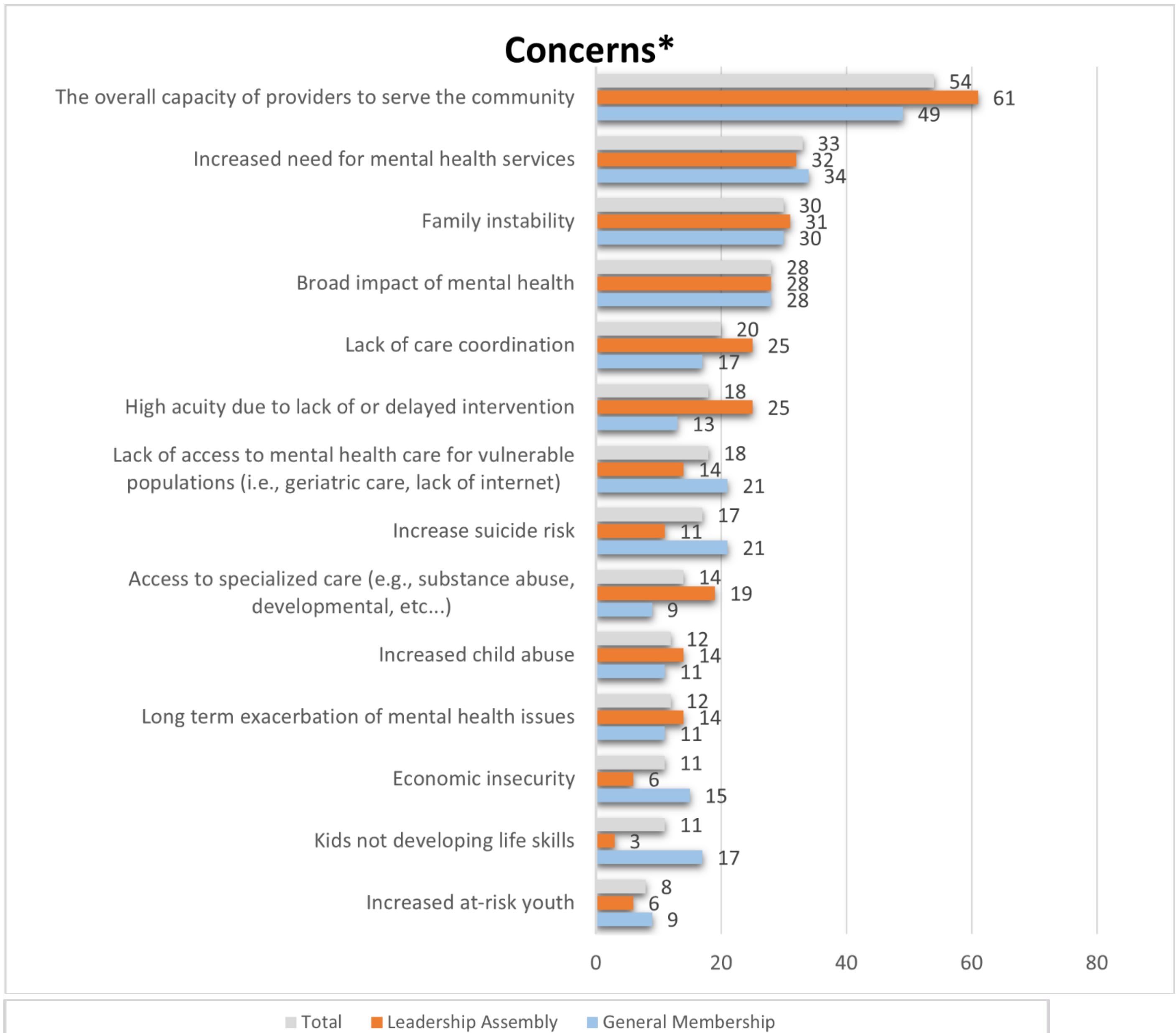
General Membership recorded greater concern for:

- themes - client and practice themes
- suicide risk
- economic insecurity
- children's development of life skills
- increased numbers of at-risk youth.

PRIORITIZING CONCERNS AND BUILDING SOLUTIONS IN MENTAL HEALTH

CONCERNS

- The ***top concern of both groups is the overall capacity of providers to serve the needs of the community***, which was ranked as a top three concern for 49% of General Membership participants and 61% of Leadership Assembly participants. During breakout/small group discussions, this was elaborated as including a combination of *increased demand with workforce shortages.*
- An additional ***key concern was family instability***, including domestic violence and other challenges associated with the stress and strain of the pandemic such as economic instability.



**Percent of participants who chose this item as one of their top three concerns*

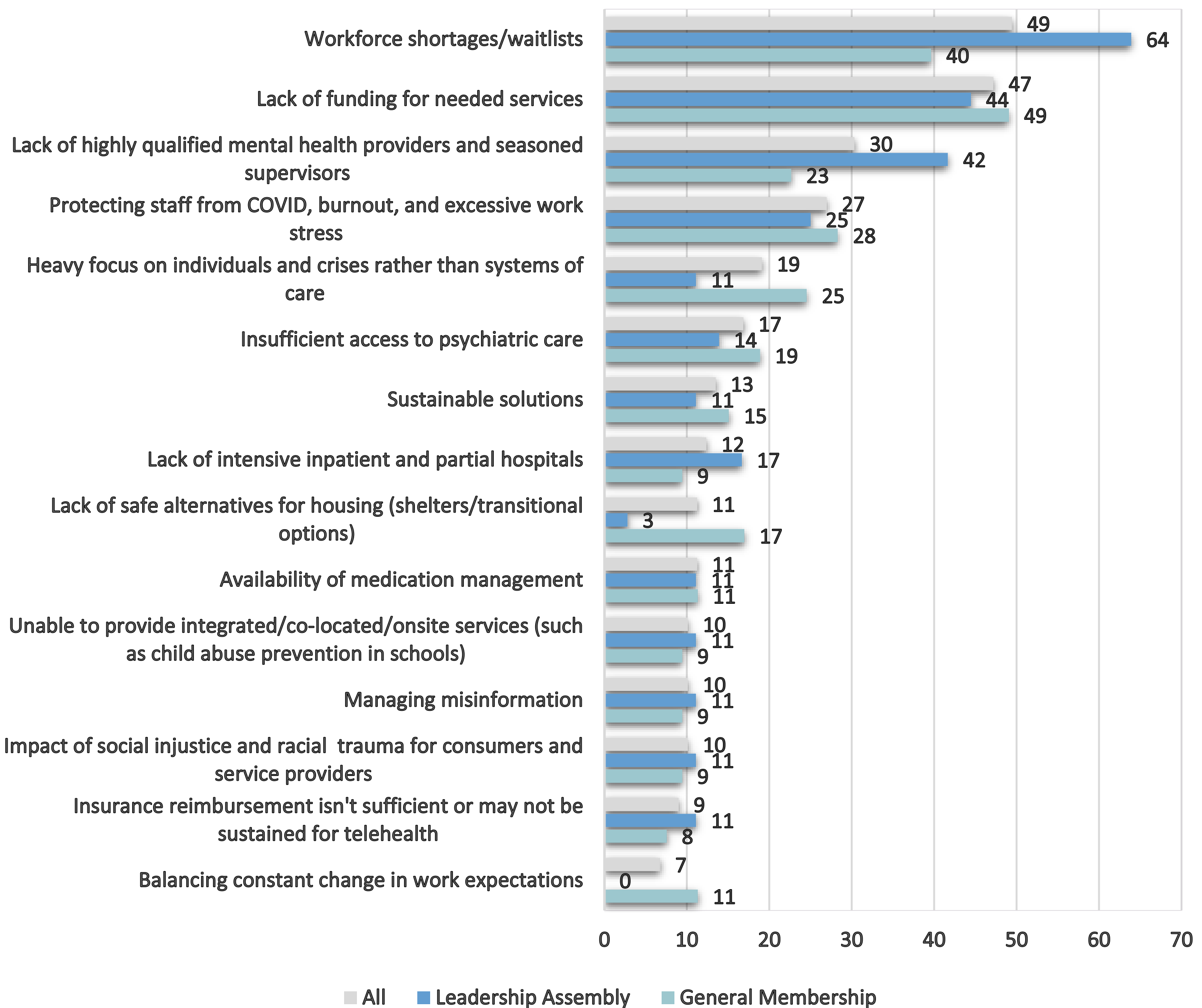
Top 3 Rankings of *Concerns*

	Total Ranking	Leadership Assembly Ranking	Gen. Membership Ranking
#1	Overall Capacity of services (54%)	Overall Capacity of services (61%)	Overall Capacity of services (49%)
#2	Increased need for services (33%)	Increased need for services (32%)	Increased need for services (31%)
#3	Family Instability (30%)	Family instability (31%)	Family Instability (36%)

SYSTEM VULNERABILITIES

System vulnerabilities ranked as the most concerning included ***workforce shortages and waitlists***, ***lack of funding for needed services***, and the ***lack of highly qualified mental health providers and seasoned supervisors***. It is notable that the percent of Leadership Assembly participants selecting workforce shortages and lack of qualified providers was significantly higher than General Membership participants.

In a separate analysis of MHC leader's perspectives on workforce shortages, it was noted that position vacancies and limited applicants were key contributors to the shortages[7].



**Percent who chose this item as a top three system vulnerability*

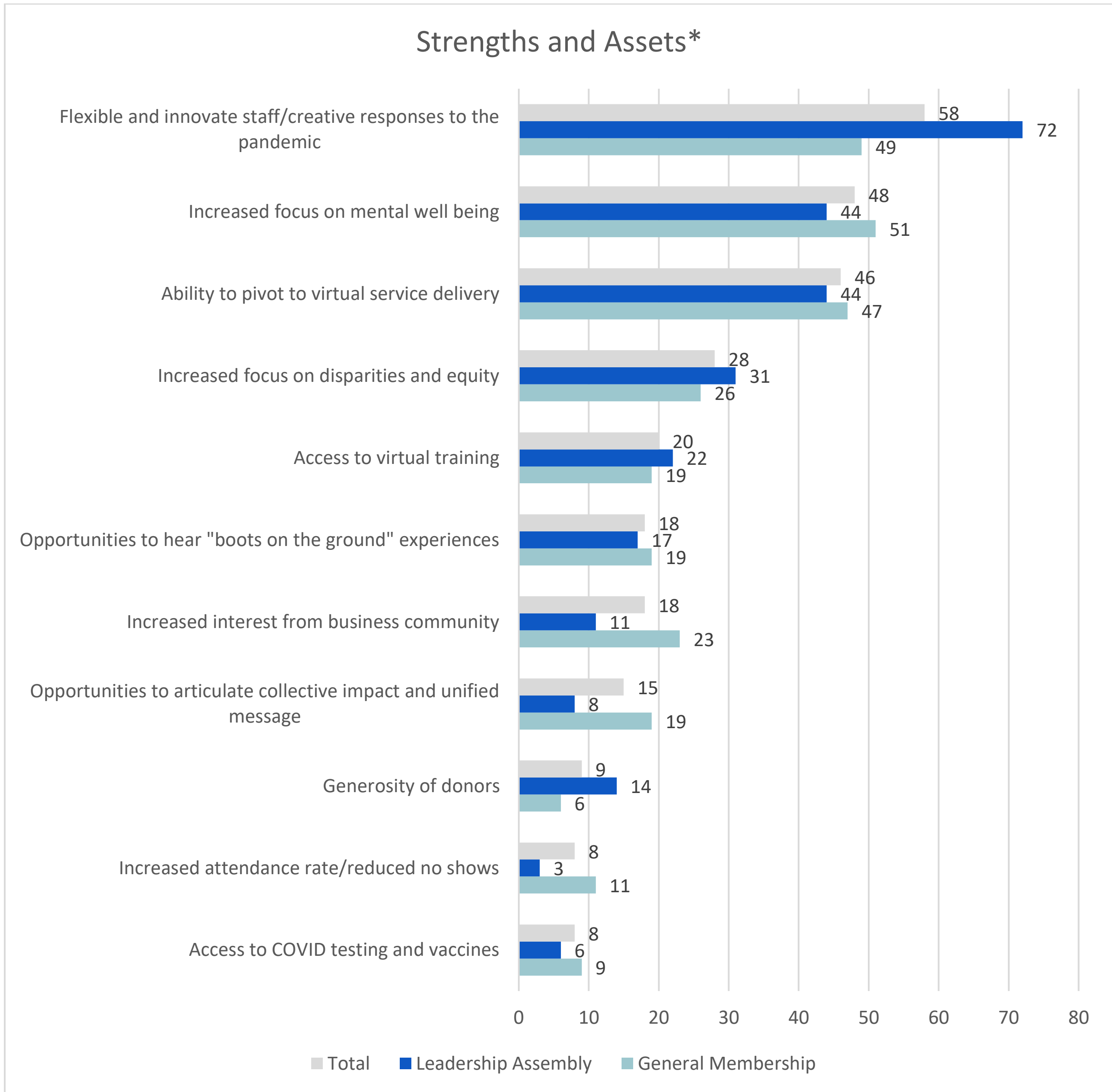
Top 3 Rankings of *System Vulnerabilities*:

	Total Ranking	Leadership Ranking	Gen. Membership Ranking
#1	Workforce shortages/waitlists (49%)	Workforce shortages/waitlists (64%)	Lack of funding for services (49%)
#2	Lack of funding for services (47%)	Lack of funding for services (44%)	Workforce shortages/waitlists (40%)
#3	Lack of qualified workforce (30%)	Lack of qualified workforce (42%)	Protecting staff from burnout, stress, COVID (28%)

[7] Wickramage, P (2020), unpublished summary report on waitlists for the Mental Health Connection of Tarrant County

STRENGTHS AND ASSETS

The majority of community stakeholders (58%) noted that ***flexible and innovative staff who developed creative responses to addressing the pandemic crisis was a top strength*** and asset in Tarrant County. Additional top strengths were the increased focus on mental wellbeing (48%) and the ability to pivot to virtual service delivery (46%).



**Percent of participants who rated item as one of their top strengths and assets*

Top 3 Rankings of *Strengths and Assets:*

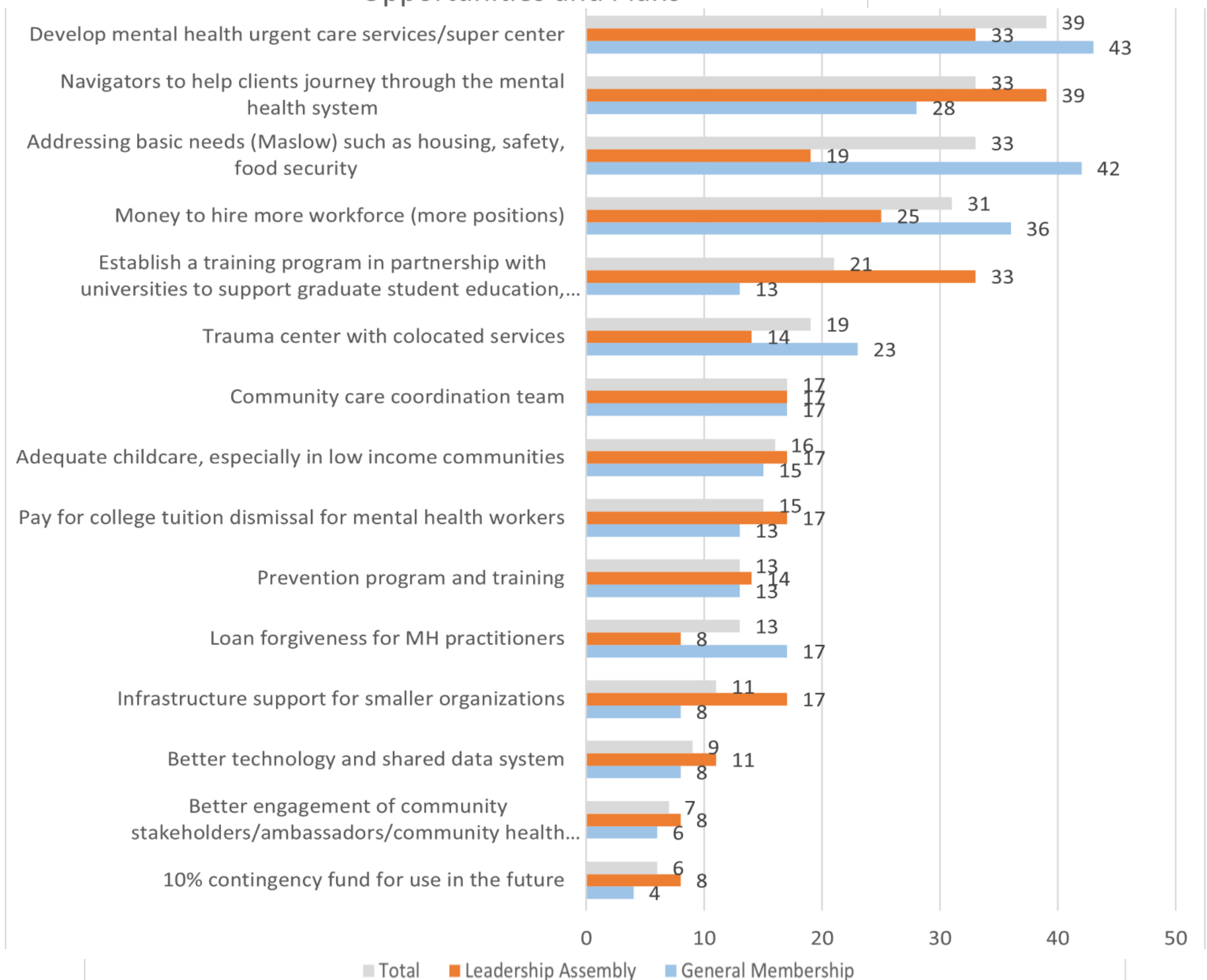
	Total Ranking	Leadership Ranking	Gen. Membership Ranking
#1	Flexible, innovative, responsive staff (58%)	Flexible, innovative, responsive staff (72%)	Increased public focus on mental health (51%)
#2	Increased public focus on mental health (48%)	Increased public focus on mental health (44%)	Flexible, innovative, responsive staff (49%)
#3	Ability to pivot to virtual svcs (46%)	Ability to pivot to virtual svcs (44%)	Ability to pivot to virtual svcs (47%)

OPPORTUNITIES AND PLANS

During the Leadership Assembly, teams were provided with a suggested scenario to envision themselves as a committee responsible for allocating $25 million per year for the next five years towards projects that would:

- substantially improve the mental health of Tarrant County,
- strengthen service system capacity, and
- maximize community collaboration.

The teams generated a diverse set of initiatives and when asked to rank these items, and both the General Membership and Leadership Assembly survey participants demonstrated significant variability in their selections. The top ranked item, develop mental health urgent care services, was chosen by the most participants (35 of 89, or 39%) and five other proposals were ranked as a priority by at least one in every five participants. It should be noted that urgent care services reflect a need for access to crisis stabilization care, but access to ongoing neighborhood-based care is also a priority.

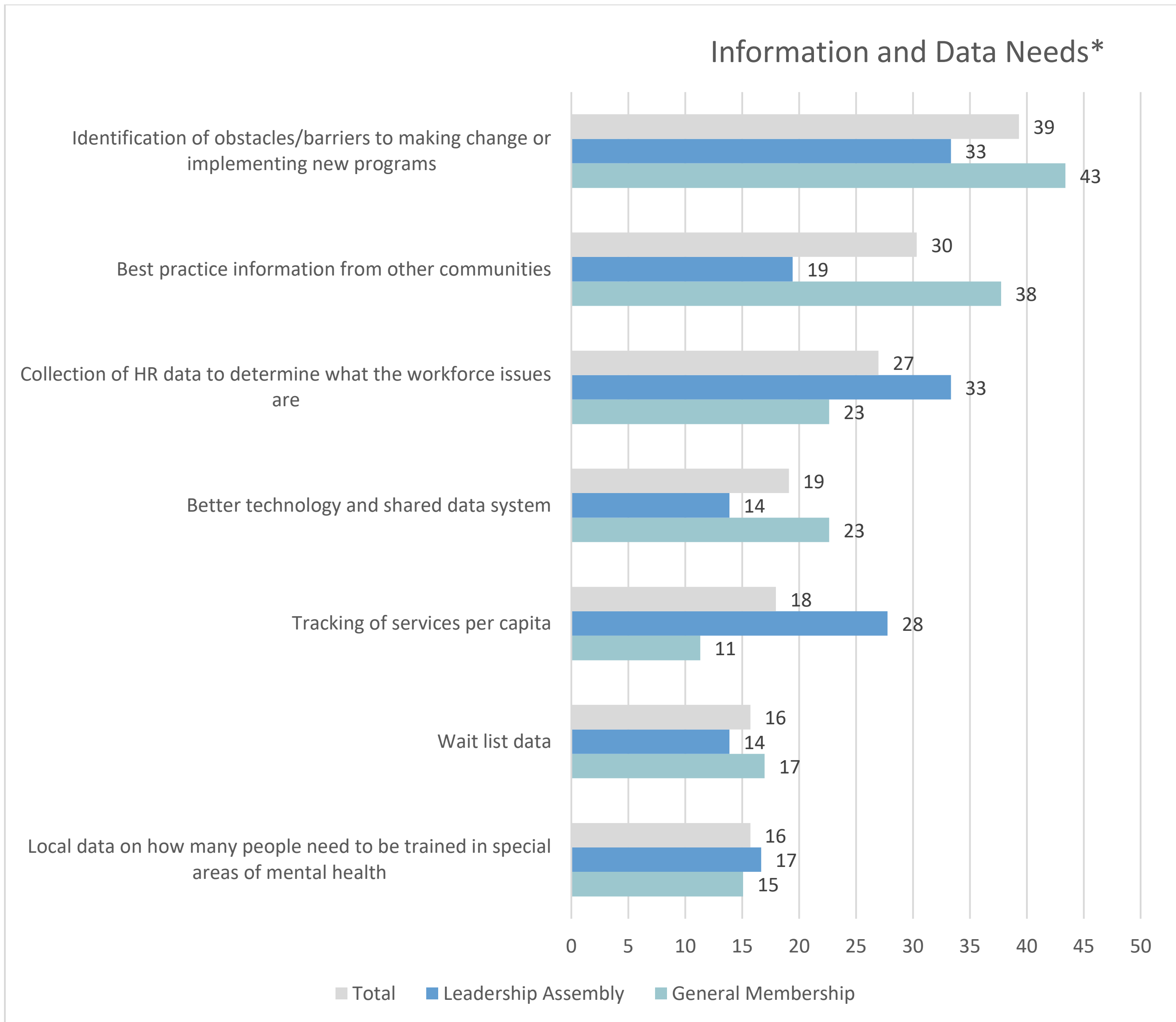


Top 3 Rankings for Opportunities and Plans

	Total Ranking	**Leadership Ranking**	Gen. Membership Ranking
#1	Devel. urgent care services (39%)	Navigators…. (39%)	Devel. urgent care services (43%)
#2	Navigators … (33%)	Devel. urgent care services (33%)	Addressing basic needs (42%)
#3	Addressing basic needs (33%)	Partnerships with universities (33%)	Hiring of more workforce (36%)

INFORMATION AND DATA NEEDS

The final question posed of the Leadership Assembly and General Membership groups related to what types of information and data are needed to be able to make informed decisions about future plans. The most frequently selected (by 39% of all participants) was the identification of obstacles and barriers to making change or implementing new programs. Other requests included best practice information from other communities (30% of participants) and HR data on workforce issues (27% of participants).



** Percent of participants ranking this item as one of their top three information and data priorities*

Top 3 Rankings for *Information and Data Needs*

	Total Ranking	Leadership Ranking	Gen. Membership Ranking
#1	Identification of barriers (39%)	Identification of barriers (33%)	Identification of barriers (43%)
#2	Best practice info (30%)	Collection of HR data (33%)	Best practice info (38%)
#3	Collection of HR data (27%)	Tracking services per capita (28%)	Collection of HR data (36%)

SUMMARY & RECOMMENDATIONS

Through facilitated dialogues with key stakeholders in the mental health and related service sectors, it is evident that the pandemic has created stressors and vulnerabilities that are compromising the integrity of our community's capacity to respond. With pre-pandemic ratios of mental health providers to residents worse than 50 other states and the District of Columbia, Texans were not prepared to manage the surge in demand for mental health services triggered by COVID-19. In addition to climbing rates of depression and anxiety, families are struggling with meeting basic needs such as housing and food security. Providers are pointing to the importance of Maslow's hierarchy of needs; indicating that counseling services will be insufficient to address mental health when the need for safety, security, and nourishment goes unmet.

With pre-pandemic ratios of mental health providers to residents worse than 50 other states and the District of Columbia, Texans were not prepared to manage the surge in demand for mental health services triggered by COVID-19 pandemic

Facing workforce shortages, organizations are challenged in their ability to fill vacancies at all levels. Small group discussions included a focus on both the shortage of skilled supervisors as well as vacancies at the front-line level, where mental health personnel are reported to find employment in for-profit sectors at higher rates of pay with less emotional strain. With increasing demand for mental health care, private telehealth services are reported to pay higher wages to practitioners, leaving the non-profit sector with vacancies that are hard to fill. This is further exacerbated by low Medicaid reimbursement for mental health care, as well as a continued shortage of providers who speak languages other than English.

Stakeholders warned that signs of burnout are visible, and our system of care needs urgent reinforcement. This vicious cycle places even more strain on the providers who remain with their organizations as they attempt to function with higher caseloads and longer wait-lists. The field of mental health service delivery has long depended on the passion and commitment of providers to accept lower wages relative to other degreed professionals, with master's degrees in human service and counselling rated as the worst-paying professions.[8] Furthermore, Leadership Assembly participants pointed to the complexity of mental health care provision, recognizing that a wide-range of practitioners deliver services in inpatient and outpatient healthcare, online, school, justice, and community settings. These include licensed counselors, social workers, therapists, psychologists, psychiatrists, psychiatric nurses, and case managers, among others.

Four Emergent Themes: As more resources are made available to offer relief, stakeholders offered an array of perspectives that fell into four key areas. While no one proposed solution was endorsed by a majority, there is commonality observed in the four themes:

[8] https://www.monster.com/career-advice/article/best-and-worst-paying-masters-degrees

(1) **Service Coordination and/or Centralized Services:** In this theme, stakeholders supported the potential for two centralized service delivery mechanisms: mental health urgent care services and a trauma facility with co-located services. Dialogue among Leadership Assembly participants highlighted the different types of needs that these service mechanisms could potentially fill and debated the pros and cons of centralized locations versus neighborhood care. It was generally agreed that providing crisis stabilization in centralized models would be beneficial, but ongoing prevention and intervention should be delivered in ways that are easily accessible to residents.

Stakeholders also proposed the addition of ***navigators*** to help individuals access the care they need, community care coordination teams to ensure seamless service delivery, and the use of peers and Community Health Workers to increase outreach and engagement in all regions. While some sectors already have strong navigation and case management services, such as the child welfare system, it was recognized that there is not a "hub" that helps residents navigate all types of care available throughout public and private sectors. It was further recognized that care coordination and navigation will be ineffective if the community does not have adequate levels of care available.

(2) **Workforce Development:** Several proposed solutions addressed short and long-term dimensions of the workforce shortage. These included funds to hire additional staff members in the short term, and incentives to promote mental health credentialling through tuition dismissal, loan forgiveness, and training partnerships with universities. There was considerable agreement on the urgent need to address workforce concerns, however, leaders recognized that systemic solutions are needed for long-term capacity building. In a follow-up discussion with Leadership Assembly participants, low wages and poor reimbursement structures were highlighted as primary barriers to improving workforce conditions.

(3) **Infrastructure:** Numerous participants endorsed solutions that would strengthen the community capacity to respond to future pandemics or similar community-wide crises. These include support services for small organizations (financial, data, human resources, etc...), shared technology and data systems, as well as contingency funds for future events. Leadership Assembly participants also urged the community to emphasize prevention and resiliency as longer-term strategies to weather wide-scale crises. While much of this report focuses on down-stream concerns, **resilient communities are those that develop strategies to support upstream prevention and capacity building**.

(4) **Basic Needs:** While it is recognized that access to mental health care is a significant crisis, it was evident that community residents are in dire need for basic assistance such as housing, food, childcare, and employment. Stakeholders argued that increasing mental health services without addressing these needs would be ineffective. However, numerous Leadership Assembly participants also pointed out that increased funding is being directed towards basic needs and there is a need to better facilitate access to existing resources.

WHERE DO WE GO FROM HERE?

To determine next steps, it is imperative that a diverse group of stakeholders is needed to ensure that a multitude of perspectives and consequences is considered

Survey participants recognize the need for more precise data on workforce shortages, as well as the consideration of barriers to implementing new initiatives. The recommendation to consider best practices and gain lessons learned from other communities will be particularly important when evaluating the potential of new community-wide initiatives, such as suggested centralized service hubs.

In addition to considering these large initiatives, it will be important for stakeholders to examine a wider range of opportunities that may not be as resource intensive or impactful but may be easier to implement and have the capacity to make incremental progress.