

## **ASH Redesign Phase III**

### **Academic and Area Experts Work Group Recommendations**

#### **Committee Background and Findings:**

During the third phase of the ASH Redesign, the Academic and Area Experts workgroup joined together to establish recommendations to develop and broaden academic partnerships, strengthen the workforce that supports ASH, and increase an academic presence on the hospital's campus to enhance ASH and community mental health. This workgroup met throughout 2021-2022 to develop recommendations for the ASH Redesign Steering Committee. The members can be found in Appendix A of this document.

Through virtual meetings the group, led by Co-Chairs Dr. Carol Alter and Dr. Deborah Cohen, met to collaborate on the following goals:

- Coordinate among higher education institutions (UT and others) to improve and strengthen partnerships with state hospitals.
- Identify strategies to improve the pipeline of a multi-disciplinary workforce.
- Develop plans to integrate academic partners into the new hospital.

ASH has a long history of participating in training mental health clinicians, including serving as an education and training site for medical students, psychiatric residents and fellows, nurses, social workers, psychologists, and pharmacists. These training activities are perceived as highly valuable for ASH and importantly serve as a pipeline of professionals who are committed to working in public mental health. While it was recognized by the group that improving relationships with academic institutions to increase learner participation is important, there is currently a crisis in staffing that shines a light on not only the current critical gaps, but also workforce shortages that will likely persist. Therefore, while strengthening academic partnerships can enhance the public mental health workforce, other factors, related to addressing significant market forces must also be considered.

The group utilized an open discussion framework, as well as participated in an anonymous response web-based software, MentiMeter, to gather feedback related specifically to the development of the workforce pipeline. The discussion identified a number of factors associated with workforce shortages that included concerns about non-competitive wages, the need to incentivize individuals to join the public mental health workforce, and the role that community and academic partners can play in addressing these issues. The group agreed that delivery of the highest quality evidence-based care at ASH and throughout the community in all public delivery settings would be enhanced by strong partnerships, that are aligned with the goals of each institution. Examples of some of the key questions that led the discussion to the final recommendations include:

Question	Themes
What influences individuals to seek public sector clinical work?	Desire to serve unique, most severely ill population; Supporting community
What prevents people from seeking public sector employment?	Lack of money, support, resources; Less status, underappreciated; More difficult case loads
What suggestions do you have to attract and expand the workforce?	Training for current staff for continuing education; Training for future workforce to develop the pipeline to remain at ASH; Competitive salary
How do we incentivize opportunities?	Financial incentives (salary, loan repayment etc.), better working environments (e.g., new, modern hospitals)
Suggestions to further develop programmatic opportunities.	Multidisciplinary, collaboration; Partnerships – cross appoint ASH clinicians and UT faculty; make ASH a best space for training
What role does ASH have in building the workforce?	Providing space; Opportunities – internships, volunteer, experiences; Incentives for ASH clinicians; a supportive, modern work environment
Who do you prioritize as primary partners to help build the workforce?	Peer organizations; Inter professional programs; LMHA; Jail/Judicial/Legal
How do we build a peer workforce?	Develop training; Recruit from outpatient sources; Communicate opportunities.

The outcomes of the discussion highlighted the need for academic and community stakeholders to develop a strong pipeline for a community mental health workforce. Developing this pipeline would not only benefit ASH, but would benefit other regional community mental health providers. Specifically, the group concluded:

- Currently there is severe stress on the workforce in public mental health delivery settings, especially, but not uniquely, at ASH.
- Clinical partnerships between ASH and academic organizations can enhance care and address challenges related to access to care, length of stay, competency restoration and patient transitions.

The group also discussed a number of solutions, which led to the specific recommendations described in this report:

- Address financial issues that impact decisions to accept employment. Provide funding for competitive wage packages. Create a positive work cultural and climate.
- Consider additional financial incentives to build pipeline and attract providers.
- Improve the workforce pipeline through expanded and different engagement with academic and community partners.
- Build plans for multiple departments within UT Austin to establish partnerships with ASH.

**Recommendation 1: Develop a plan for a comprehensive collaboration between UT Austin and ASH.**

An academic partnership that has the potential to enhance clinical practices, address the extensive forensic patient community, expand opportunities for education and training, and substantially improve the stability of the workforce is consistent with the original vision for the redesign of ASH, and its goal of providing the best care to the people it serves. A time-limited, (e.g., 90-180 days) re-engagement of stakeholders from UT Austin, HHSC, and the community can be undertaken to develop the plan and timeline for this integration.

**Recommendation 2: Develop an operational budget that follows the capital investment provided for the State Hospital System and use incentives when available to attract and retain clinical providers and other staff.**

The COVID-19 Pandemic left the field of healthcare in disarray. Employees are leaving jobs at historic rates leaving state institutions to shutter program offerings. The shortage in the mental health workforce has increased the waitlist for people in need of care, especially within the Texas State Hospital System. The waitlist for a state hospital bed is not new and has been growing throughout the years; however, the impact of COVID-19 and the resulting depletion of the workforce directly led to the closing of beds at ASH, and increased the state-wide waiting list from 655 people in September 2018 to 2,309 people in March 2022. The workforce loss during the pandemic is not unique to mental health. It is estimated 20% of the healthcare workforce exited the system throughout 2020 – 2022 (Weldon, 2022). The decrease in frontline staff at ASH forced the hospital to take roughly 90 beds offline due to required staffing ratios, contributing to the increase in the waitlist. To ensure the new ASH is able to operate at full capacity and utilize all 240 beds once open, the stakeholders of all the ASH Redesign work groups **recommend an operational budget that supports all hospital staff at competitive salary rates throughout the hospital system.**

The mental health workforce has been historically inadequate to meet the demands of Texans’ mental health needs. Texas has addressed this over the years and in 2014 a report in response to [HB1023, 83<sup>rd</sup> Legislature, Regular Session](#) indicated 5 key themes to improve the mental health workforce. The report also noted the demand for the mental health workforce was expected to increase due to the aging workforce population and educational institutions not producing enough providers to meet demand. Although an increased focus on the workforce and implemented changes began, including a new program [All Texas Access](#) to expand care and support to rural areas, the shortage of workforce is still affecting the efficiency of the mental health system.

During Phase III of the ASH Redesign engagement, HHSC Hospital System Leadership implemented an initial market rate adjustment to their staff salaries in Spring 2022 to help decrease the staff shortage

and bring their current staff and future positions closer to the competitive market. This salary increase brought physician nurse assistant's, rehab, peer specialist, and administrative staff a 10% increase to their base salary; 7% base salary increase to social workers, psychologists, speech, and physical therapists; and a 5% base salary increase to physicians and leadership. This increase supports the direct care staff at all state hospitals; however, the legislature needs to add rider language and budget support to permit HHSC to adjust state hospital salaries to compete with the local markets, rather than blanket salary rates across the state, in order to attract and retain the quality staff providing care at the hospital.

When looking specifically at Austin, the salary rate increases that HHSC implemented came at a time when the pandemic and an increase in population growth to Central Texas overlapped and created upheaval in all employment sectors, but specifically in health care. According to [salary.com](https://www.salary.com) (Health Care Worker Salary in Austin, Texas, 2022), the average salary range for healthcare workers in Austin, Texas fell between \$41,567 and \$62,445 but varied widely depending on education, certifications, additional skills, years of experience, and job type. The median cost to purchase a home in Austin is roughly \$500,000, which is an increase of 11% over the past year (Gates & Rahman, 2022). Rent costs have increased almost three times that of home purchasing, up 35% to an average of \$2,245 in January of 2022 – second only to Portland, Oregon at 39% year over year increase (Livengood, 2022). It is estimated that to comfortably live in Austin, an individual needs to make a minimum of roughly \$98,000 per year (following the 50/30/20 rule of finance), a gap of more than \$30,000 at the highest pay range for health care workers (Lundine & Anderson, 2019). Aside from healthcare related jobs, the hospital also relies on custodians, peer support specialists, grounds keepers, and others to ensure ASH runs efficiently. These positions cannot be forgotten in the discussion around an increase in pay for essential jobs and front-line workers that keep the hospital up and running. HHSC will need to consider a path forward to continue to be a competitive employer in high cost of living areas, such as Austin, to ensure ASH can support the vulnerable population that needs care.

It has become obvious to all those who have worked on the ASH Redesign Phase III effort that the first step forward is to increase the workforce, and the first step to do that is to **pay livable wages for every position within the hospital system**. It is impossible to move forward with pilot programs for housing or provide training to the workforce pipeline if there are not enough staff to continue stable and full operations of the hospital itself. While the hospital construction comes to an end, it is imperative to open the new hospital at full capacity using all 240 beds to utilize the State's investment wisely.

Beyond salary adjustments, one way to recruit and sustain staff is through the application of student loan repayment programs. The Texas Health and Safety Code, Chapter 62 currently authorizes loan repayment assistance to employees located within mental health workforce shortage counties. At this present time, 237 of the 254 counties qualify to use this loan repayment incentive and include Travis County, where ASH is located; one wonders why all counties aren't simply included since even the few remaining likely have unmet mental health care needs. The current program is primarily directed at supporting independently licensed, graduate-level trained practitioners such as LCSW, nurse practitioners, psychologists, and psychiatrists. However, the hospitals are also in dire need of front-line nursing staff, direct care staff, and case managers, which the current loan forgiveness program does not support. We suggest expanding the program to allow individuals who have a 1) associate or bachelor's degree in nursing, 2) bachelor's degree in psychology or social work (the primary degrees held by case managers), and 3) master's level staff who are actively working towards a clinical license. Expanding the

loan repayment incentives, can assist and encourage staff to consider entering the public sector or staying in the public sector.

**Recommendation 3: Establish community and academic partnerships to bolster development of a public mental health workforce:**

There are multiple opportunities to partner with community agencies and academic institutions to increase access to training. For example, linking community college and health care professional training programs that train medical assistants and behavioral health technicians with ASH and other community partners to provide externships, observerships, and rotations across community agencies will expose potential workers to the hospital and the population. The partnerships will increase the interest in working in a community mental health setting through the increasing opportunity to engage in ASH and the public mental health community. The Council also can play an important role in increasing awareness about mental health issues for the academic partners and create other important linkages.

**Recommendation 4: Establish a Public Psychiatry Program within the Dell Medical School Department of Psychiatry and Behavioral Sciences**

The Dell Medical School Department of Psychiatry and Behavioral Sciences has an opportunity to expand their current academic area of focus to create a Public Psychiatry program and train the future psychiatrists who will work at ASH and nearby Local Mental Health Authorities. Following the example of other schools in Texas such as:

- University of Texas Health Science Center at Houston;
- University of Texas Health Science Center at San Antonio;
- UT Tyler;
- Texas Tech Health Science Center;
- And multiple residency programs and faculty-led programs affiliated with academic partners located in and funded by state hospitals at Rusk, Terrell, and Big Spring as well as LMHAs in the ASH region.

These residency programs are specifically designed to attract psychiatrists into the state hospital system to improve the quality and quantity of the medical workforce using university affiliations to recruit good trainees.

Such a program would include developing multiple core components including a plan for training medical students, residents and fellows, identifying training sites, and augmenting clinical faculty with expertise to support the program. The program will establish collaboration with other public mental health faculty and community providers to create a multi-disciplinary learning and service delivery structure and development of a public psychiatry curriculum.

We anticipate that this program will oversee the development of curricula to train individuals to be experts in the following:

- Serious mental illness – including first episode psychosis and bipolar management, forensic evaluations, and geriatric care.
- Serious emotional disorders – including best practices in school-based accommodations and child welfare involved families.

- Co-occurring mental illness and intellectual disorders.
- Innovating community-based interventions.
- Multi-disciplinary team best practices, particularly valuing peer voice.
- Understanding of the impact of social determinates of health and the intersection of housing and the justice system on access to care.

We believe it will be important to work with Texas based psychiatry programs, and other systems across the country to collect information including successful structures and partnerships between medical schools and public settings, suggested curricula and tools used to provide and measure evidence-based care in clinical settings

In the short run, the Department can build on existing partnerships to identify strategic opportunities aligned with academic areas of focus, and incorporation of trainees. Some examples of this could include:

- Embedding teams of faculty, trainees and/or students within selected ASH units; faculty participation in development of innovative and evidence-based practices.
- Developing a Forensic Psychiatry program, including establishing new fellowships.
- Consider incorporating clinical research into existing programs at ASH. This project could include not only clinical trials of novel treatments but could also focus on other evidence-based interventions, quality improvement and other health services research.
- Exploring the feasibility of beginning a new psychiatric residency program at ASH

#### **Recommendation 5: Establish the University of Texas at Austin’s Center for Mental Health Redesign**

Beyond educational and training opportunities, the Dell Med Department Psychiatry and Behavioral Sciences could expand and continue the redesign efforts throughout the ASH Redesign and other mental health innovation projects by creating a Center for Mental Health Care Redesign. As partners in the ASH Redesign, research, expertise, and data have been established in the needs and gaps of the mental health system dedicated to the ASH Redesign service area – namely, central Texas, 26 dedicated counties. Building on our work to date, a Center for Mental Health Care Redesign could continue to work on the continuum of care, furthering an efficient system for the new ASH and the community mental health care system. The Mental Health Care Redesign Center would continue to work with established partners and expand partnerships to design and plan a more effective mental health system. The next step would be agreement on creating a Center and identify funding mechanisms.

#### **Conclusion**

The Academic and Area Experts Work Group believes these five recommendations form a basis for realizing the vision of providing the best care for people at ASH while developing a plan for a full academic collaboration with Dell Medical School, consistent with other state hospitals in Texas. However, even with strong academic and community partnerships, we must first stabilize and increase the current workforce, by addressing many of the recent economic realities. The remaining recommendations are steppingstones to increase the quality and size of the workforce for ASH by

creating a pipeline of future public mental health employees and create a collaborative educational platform to support that effort. The recommendations focus on supporting the current workforce at ASH by continuing to increase their livable wage using a metric that recognizes cost of living and competitive factors. Building the workforce through partners, training opportunities, and enhancing loan forgiveness will support those who recently entered or are soon to enter the public mental health sector. The last recommendations create initiatives for the University of Texas at Austin to establish a cross dissemination of knowledge and expertise to all schools and departments that interact with mental health and have potential to impact the system and person care. Enhancing the academic involvement in ASH, provides opportunities for students, faculty and will improve access to and quality of care in the public mental health system.

**Appendix A: Work Group Members**

Name	Organization/Role	Role
Carol Alter, MD	Associate Chair for Clinical Integration & Operations, Professor, Department of Psychiatry & Behavioral Sciences, Dell Medical School	Co-Chair
Debbie Cohen, PhD, MSW	Assistant Professor, Department of Psychiatry & Behavioral Sciences, Dell Medical School	Co-Chair
Virginia A. Brown, PhD	Assistant Professor, Department of Population Health, Community Engagement and Health Equity; Department of Psychiatry, Dell Medical School	Member
Lauv Bruner	State Hospital Construction Project Coordinator, Health & Specialty Care, HHSC	Member
M Lynn Crismon, PharmD	Behrens Centennial Professor of Pharmacy; Professor of Psychiatry, University of Texas at Austin	Member
Dan Evans, MD		Member
Jason Johnson	Director, Peer Services, Hill Country MHDD	Member
Jeff Matthews, MD		Member
Tom McClure	Attorney, Policy Department, HHSC	Member
Puja Patel	Assistant Professor, Department of Psychiatry & Behavioral Sciences, Dell Medical School	Member
Mari Robinson	Director of Telehealth, UTMB	Member
Donna Rolin, PhD, APRN	Clinical Associate Professor, Director of Psychiatric Mental Health Nurse Practitioner graduate program, University of Texas at Austin	Member
Steve Starks	Clinical Assistant Professor, University of Houston	Member
Stacey Thompson, PhD	Superintendent, ASH	Member



## References

- Gates, B., & Rahman, T. (2022, March 15). *Austin housing market sets another record for median home price*. Retrieved from KXAN: <https://www.kxan.com/news/local/austin/austin-housing-market-sets-another-record-for-median-home-price/#:~:text=The%20median%20home%20price%20in,since%20February%202021%20to%20%24499%2C995>.
- Health Care Worker Salary in Austin, Texas*. (2022). Retrieved from Salary.com: <https://www.salary.com/research/salary/posting/health-care-worker-salary/austin-tx>
- Livengood, P. (2022, February 27). *Austin rent year-over-year increase marks second highest nationally, report says*. Retrieved from KVUE: <https://www.kvue.com/article/money/economy/boomtown-2040/austin-rent-redfin-report-january-2022/269-4e1481a7-684c-4be6-9f41-fcd7e3b968bf>
- Lundine, S., & Anderson, W. (2019, June 14). *What you need to make to live comfortably in Austin*. Retrieved from Austin Business Journal: <https://www.bizjournals.com/austin/news/2019/06/14/what-you-need-to-make-to-live-comfortably-in.html>
- Weldon, D. (2022, March 16). *The great resignation's toll on healthcare*. Retrieved from Health Leaders Media: <https://www.healthleadersmedia.com/human-resources/great-resignations-toll-healthcare>