

Behavioral Health Commission for Adult Mental Health

Centre County Meeting

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Written Testimony of Felicia Stehley

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Commissioner Humphreys, Dr. Adair, Committee members and other distinguished guests:

Thank you for the opportunity to provide testimony today. My name is Felicia Stehley. During the past 15 years, I have served as the regional director of the North Central HealthChoices region for Community Care. Prior to my current role, I worked as a certified behavioral health nurse, director of nursing, chief operating officer, and chief executive officer of a large behavioral health inpatient and ambulatory health system. I have also lived in Centre County for 32 years.

Community Care was established in 1997 as a nonprofit behavioral health managed care organization (BH-MCO) to support Pennsylvania's mandatory managed care program for Medicaid recipients called HealthChoices. We currently serve over one million individuals within 43 Pennsylvania counties, most of which are designated rural.

We understand, appreciate, and concur with the 10 identified priority areas chosen for funding recommendations as established by Act 52. All 10 priorities support recovery and long-term wellness of adults, families, and the communities they live in. These priorities and the identified one-time funding are integral in building the foundation necessary to meet the needs of Pennsylvania's behavioral health system. Today I will provide an overview of the following priorities: workforce, crisis enhancement, social determinants of health, telemedicine, and rate adequacy. Additionally, I will offer recommendations for the Commission's consideration.

Workforce

First and foremost, the highest priority is development and retention of a behavioral health workforce. This is based on direct feedback from rural counties, providers, and survey results. Without the existence of a competent, well-trained, well-paid workforce, the interventions within the other nine priority areas will be undermined.

Even before the COVID-19 pandemic, rural behavioral health providers often had difficulty filling vacant positions. The most challenging positions to recruit include licensed, master's-prepared staff, and psychiatrists. Often salaries are less in rural areas associated with the belief that the cost of living is less. The COVID-19 pandemic, coupled with increased demands for services, has exacerbated existing workforce

challenges. In 2021 Community Care conducted a survey with providers, which determined the rate of staff turnover ranged 19.7% - 35.5% for mental health services and 20.8% to 31.3% for substance use disorder (SUD) services. Within the survey, providers identified reasons for staff leaving the behavioral health field. These include increased overtime, stress/burnout, higher salaries in other fields, less flexible schedules, and an extra workload within their agency. At the same time, nearly all responding providers reported an increased demand for services.

Providers have focused efforts on staff retention, often in creative ways, including offering retention bonuses, flexible work schedules, staff appreciation events with some success. However, more efforts need implemented to meet the growing demand for behavioral health services that are provided by qualified, well-trained staff who are paid a competitive wage.

Crisis

Community Care, the Behavioral Health Alliance of Rural Pennsylvania (BHARP), and all our rural county partners recognized the importance of highly trained well-paid staff to work within the continuum of crisis. Often providing crisis services is incredibly stressful. Workers are expected to respond to potentially violent situations, work shifts, weekends, and holidays. The implementation of 988 will lead to greater visibility of much needed crisis services. We need to ensure phone, mobile, walk-in, and crisis residential services are available. Individuals who utilize crisis services have more positive outcomes when a continuum of services is available.

Telemedicine

We commend the Wolf Administration's leadership, especially leadership within the Office of Mental Health and Substance Abuse Services (OMHSAS) for expanding the use of telemedicine, which provided a very flexible service that increased timeliness of access to care. During the pandemic this was critical—and sometimes lifesaving. Individuals could meet with their outpatient therapist without worrying about how they would get transportation to the provider office or arrange for childcare in order to keep their appointment. Providers reported a significant decrease in no-show rates. There has been a decrease in inpatient admissions and readmissions. Utilization of telehealth has provided another choice for individuals. There are challenges with equitable access to HIPPA compliant telehealth platforms. This is especially true in rural Pennsylvania, where access to broadband internet is limited. Both individuals in service and providers must have access to technology (smartphones, laptops, hot spots, etc.).

Impact of Social Determinants of Health

Community Care and our rural county partners have long recognized the role of social determinants of health play in an individual's recovery journey and not all behavioral health needs are clinically based. For example, helping someone to obtain safe affordable housing can assist them in their recovery by increasing tenure within the community instead of long inpatient or state hospital stays. It is often challenging to

find safe affordable housing in rural Pennsylvania. We have used capital housing development including new housing units, tiny houses, and rent support to assist individuals so they remain in the community.

Lack of readily available transportation options along with affordable safe childcare and food insecurity are issues within rural communities and disproportionately affect HealthChoices members.

Community Care and our county partners are now in the second year of the Community-Based Care Management initiative. We currently have 10 community-based organizations to serve our 24 counties in assisting individuals to meet the social determinant needs of members. Based on year to date through June 2022, the community-based organizations have served over 2,600 HealthChoices members assisting them with housing, utilities, transportation, childcare, and clothing.

Rates and Network Adequacy

We recognize that rates and network adequacy will not be completely solved with one time funding. It is important to consider as an ongoing need. Just as noted earlier about workforce, our work will not be sustainable without an adequately funded network of providers. Community Care and Behavioral Health Alliance of Rural Pennsylvania have long been cognizant and responsive to the financial needs of behavioral health providers in rural communities. Adequate rates paid to the BH-MCOs allow the managed care entities to give providers rate increases so they can in turn offer competitive salaries, tuition assistance, retention bonuses, etc. Providers have told us they have lost experienced staff to work in convenience stores, local industry, and school districts due to higher salary offers. Without adequate rates to pay providers accordingly, the behavioral health workforce will continue to experience erosion, which directly affects network adequacy.

While we have worked diligently with Behavioral Health of Rural Pennsylvania and our county partners to improve behavioral health services across the rural North Central counties, there is certainly more work to accomplish. Providing investments in the workforce to recruit and retain qualified staff, ensuring adequate rates for providers to hire and train staff, offering high quality services that meet changing needs, and addressing non-clinical needs of the individuals we collectively support is of highest priority. I must emphasize that any investment in these areas, whether financial or otherwise, must be sustainable over time.

In summary, we offer the following recommendations for the Commission's consideration:

Workforce Development and Retention

- Consideration for statewide behavioral health recruitment and retention campaign.

- Tuition assistance, including loan forgiveness as well as opportunities to assist in paying for advanced training, particularly for psychiatrists, nurses, licensed mental health professionals, and mental health workers. Examples include costs for peer certification training, licensing preparation and examination fees, other certification programs.
- Offer educational and training opportunities to support all staff levels within an organization, as well as evidenced-based assessment and treatment.
- Review and revise regulations to support growing and retaining staff (e.g., offer virtual training opportunities for Certified Peer Support; IBHS regulation changes that required licensed staff and did not allow for grandfathering of clinicians with extensive experience; consider where non-licensed staff can perform similar capacities with appropriate oversight/supervision).

Crisis

- Ensure funding is available to provide for a full continuum of telephone, mobile, walk-in, and crisis residential across rural Pennsylvania.

Telemedicine

- Support the use of telehealth and other strategies that increase access to care and allow for flexible work arrangements. This includes developing solutions and funding for the most common challenges, which include access to WiFi broadband internet, computers or tablets, and cell phone services (including plan-limited minutes/data), which restrict use telehealth services.
- Provide funding for telemedicine equipment in primary care and emergency department settings.

Impact of Social Determinants of Behavioral Health

- Continued support for the community-based care management initiative with community-based organizations.
- Continue to support innovative ways to address unmet needs of residents in rural communities.
- Support to establish a consumer run business would be very beneficial in rural areas. Funding start ups and ongoing support as needed in the form of trainings, guidance, technical assistance would go a long way in rural counties, (example, a transportation business)

Rates and Network Adequacy

- The provision of adequate funding to support reimbursement based on cost of care delivery and commensurate with the level of complexity and intensity of needs. This is more of a long-term solution and will not be solved with one-time funding.

- Ensure parity for rates between Medicaid and other insurances.
- Continue to support development of new, innovation service delivery models and options, particularly those with initial/start-up investments in capital and human resources but can demonstrate cost-savings across physical health and human services systems over time.

Other

- Cross system trainings would be beneficial to coordinate care for individuals that are dually diagnosed with Mental Health and Intellectual Disabilities. Currently, these systems could benefit from resources to serve this population in a comprehensive way.

Thank you for the opportunity to offer testimony today. I would be pleased to answer any questions.