



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

September 15, 2022

Behavioral Health Commission
Pennsylvania Insurance Department
Behavioral Health Commission for Adult Mental Health
1326 Strawberry Square
Harrisburg, PA 17120

RE: Behavioral Health Commission on Adult Mental Health Recommendations

Dear Commission Members:

On behalf of The Hospital and Healthsystem Association of Pennsylvania (HAP), which represents approximately 235 member hospitals, including 157 hospital emergency departments and nearly 85 inpatient behavioral health units, institutions for mental disease (IMDs) and standalone psychiatric hospitals, we appreciate this opportunity to comment about the allocation of the \$100 million in one-time, APRA funds to best impact adult mental health programs statewide. We commend the state legislature and the Governor's Office for recognizing the urgency of strengthening the commonwealth's adult mental health delivery system and expand access to services and supports necessary to help Pennsylvania recover from mental health crisis.

Background

Pennsylvania hospitals play a vital role in the mental health care delivery system. Many Pennsylvania hospitals provide psychiatric services—inpatient services for individuals in need of high-acuity care. However, in almost every Pennsylvania community, hospital emergency departments (ED) are often the main point of entry for individuals who need emergent, acute care—both physical health and mental health care. EDs are the safety net for individuals experiencing mental health crisis and ideally the bridge to needed treatment and recovery supports.

Pennsylvania hospitals know that access to behavioral health services is at a crisis point, exacerbated by workforce shortages and the pandemic. We feel it every day. More individuals are seeking care for mental health issues in EDs than ever before. All individuals in need of care are experiencing longer wait times in EDs, and those admitted to the hospital with complex behavioral health concerns are staying too long in settings that may not be best equipped for their care. This trend has verified by the Legislative Budget and Finance Committee Community Mental Services [Report](#) (February 2021) and the Joint State Government Commission Behavioral Health Care System Capacity in Pennsylvania and Its Impact of Hospital Emergency Departments and Patient Health [Report](#) (July 2020). Problems persist for individuals across the commonwealth, especially those who need complex care.

While EDs are improving their abilities to effectively assess and triage individuals in need of such care, hospitals often face long delays in being able to move individuals to the proper



inpatient and outpatient settings to get the treatment they need. Placement delays require individuals to wait in EDs for extended periods—a situation that is stressful for the person in crisis, the health care professionals who want to provide the best care, and the hospital staff charged with finding and coordinating clinically appropriate treatment. The result is an enormous burden on hospitals and their staff, and an unacceptable interruption of the critical care these individuals need.

With more Pennsylvanians grappling with anxiety, depression, and other mental health challenges heightened by the pandemic, now is the time to take aggressive steps to address the crisis – expand the behavioral health workforce, increase access to mental health services in primary care settings, and increase the triage and treatment capacity available in the commonwealth’s EDs.

Proposal

The drivers in the current behavioral health crisis are complex and systemic; meeting the current demand for services and making available the supports and resources necessary to promote the mental health of all Pennsylvania will require sustained focus and innovation over the years and decades to come. That said, HAP understands the narrow scope of this commission’s objective – to make recommendations to the state legislature on the use of \$100M in one-time ARPA funding. Within that context, the hospital community puts forth the following funding recommendations as uses of the one-time ARPA funding to address current access concerns:

Strengthen Pennsylvania’s workforce by increasing the number of peer support professionals aiding individuals in ED and inpatient settings, creating scholarships for individuals who pursue entry-level behavioral health careers and retaining existing behavioral health clinicians. Investing in the mental health workforce is key to expanding access to care.

- HAP recommends that the Behavioral Health Commission allocate \$3 million to expand access to peer support services in communities across the commonwealth. Funding could expand on existing certification processes, update curriculum, and develop specific training components for peer support services in ED and inpatient psychiatric settings, and strengthen supports for peer professionals to sustain and enhance their wellness and their efficacy. An allocation of \$2 million could support the training/curriculum development and implementation support (electronic medical record documentation training, hiring, and onboarding support) necessary to infuse the work of 1,500 certified peer professionals in Pennsylvania hospital EDs, inpatient units and IMDs. An additional \$1 million in funding could make available stipends for wrap around supports necessary to enable individuals to complete the certification process (e.g. childcare services, transportation, computers and technology support for remote programs). The investment of one-time funding creates the foundation for needed expansion. Certified peer support services are Medicaid reimbursable for ongoing sustainability.

- HAP recommends that the commission allocate \$23.5 million to create scholarships for individuals to pursue behavioral health-related associate's degrees and technician certifications. While we are supportive of investments in loan forgiveness programs, we encourage the commission to allocate funds to expand the workforce by attracting individuals for whom the upfront cost of education may be cost prohibitive. Scholarships should be intentionally awarded to populations that reflect the communities they serve with a goal toward increasing the diversity of the commonwealth behavioral health workforce.
- HAP recommends that the commission allocate \$23.5 million to support retention strategies for those already in the field working in hospitals and IMDs. Funding should be flexible to allow providers to meet the needs of their specific employee population, while the long-term retention requires sustainable, ongoing reimbursement rates.

Establish integrated care models to deliver timely psychiatric care in primary and specialty care setting. HAP recommends that the commission allocate \$20 million to expanded access to mental health services in primary care and specialty care settings across the commonwealth. HAP supports [House Bill 2686](#). The Collaborative Care Model (CoCM) places mental health clinicians side by side with physical health clinicians in other specialties, like primary care and oncology. With mental health expertise and services integrated into these practices, individuals can be quickly connected to well-coordinated whole-person care. This legislation would create a grant program for small and solo primary care providers to cover their CoCM start-up costs, prioritizing those practices in rural and underserved areas of Pennsylvania. Additionally, the bill would establish a regional network of technical assistance centers to support promotion and implementation of the grants.

Invest in infrastructure necessary to augment ED triage and treatment capacity and improve outcomes for individuals in crisis. HAP recommends that the commission allocate \$30 million to establish grants to fund 10–15 emPATH units, or a comparable model, in hospital EDs statewide. EmPATH units (short for emergency psychiatric assessment, treatment, and healing unit) are safe spaces designed to calm and stabilize individuals experiencing psychiatric emergencies. Funding would support hospitals in remodeling existing space to meet the needs of individuals in crisis. Too often the standard ED setting (flashing lights, loud noises, hectic activity, presence of police and ambulance personnel) actually exacerbates the symptoms of a psychiatric crisis. EmPATH units offer empathic care, rather than coercive care, in a home-like, supportive atmosphere. The healing environment coupled with access to psychiatric evaluation and brief treatment improves outcomes, patient satisfaction, and safety, and reduces the use of physical restraints and unnecessary hospitalizations. EmPATH units help individuals recover faster from psychiatric crisis.



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Conclusion

The commonwealth must address the inadequacies of Pennsylvania's behavioral health delivery system and ensure that Pennsylvanians have the resources and services they need to be well and thrive. While the use of one-time funding will not solve the commonwealth's behavioral health crisis, the funding can have a measurable impact and expand access to needed mental health services and supports.

HAP is committed to working with this commission and Pennsylvania stakeholders to address these challenges. Thank you for this opportunity to share HAP's perspective.

If you have any questions, you are welcome to contact Jennifer Jordan, vice president, regulatory advocacy, at (215) 575-3741.

Sincerely,

Andy Carter
President and Chief Executive Officer

cc: The Governor's Office