



Center for Rural Pennsylvania Hearing on Youth Mental Health

**Testimony of Jody McCloud-Missmer, Network Administrator of Behavioral Health and
Amie Allanson, Network Director of Clinical Therapy Services**

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Chairman Senator Gene Yaw, Center for Rural Pennsylvania Board of Directors, staff, and esteemed guests, thank you for inviting us to participate in today's hearing.

I am Jody McCloud-Missmer, BS, MBA, Network Administrator of Behavioral Health for St. Luke's University Health Network. And I am joined by Amie Allanson-Dundon, MS, NCC, LPC, CCTP, CFAS, CAADC, CCDP, Network Director for Clinical Therapy Services for St. Luke's University Health Network. Combined Amie and I have more than 45 years of healthcare experience with a specific focus on mental health and recovery services.

St. Luke's is a large non-profit health network in eastern Pennsylvania and western New Jersey. Our network is committed to improving access and quality of care for the behavioral health needs in our rural communities. Through rural health grants, new school-based programming, support from hospital administrators and dedicated clinicians, we have made strides in breaking down barriers to effective mental health care. The following are a few examples of ways that we have addressed the social determinants of health needs that directly affect the mental health of children and adolescents in Monroe, Carbon, Pike, and Schuylkill counties in Pennsylvania.

YESS! Program: St. Luke's University Health Network offers the YESS! school-based therapy program in the school districts throughout St. Luke's coverage area. YESS! stands for Your Emotional Strength Supported! This program started in 2020 when we were given the opportunity to break down the barriers for students who were not able to access mental health services outside of the school day.

According to an analysis in JAMA Pediatrics, nearly one in six children ages six to 17 has a mental health disorder that could benefit from treatment. Yet nearly half of those impacted children are not getting the help they need. (www.jamanetwork.com/journals/jamapediatrics/fullarticle/2724377)

We have found that barriers due to lack of transportation, familial support, community stigma, convenient appointment options, and concerns about cost all make it difficult for families to timely address mental health concerns.

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And as we are all aware, there is a shortage of mental health professionals, both in our state and throughout the nation, and even more of a shortage of those clinicians who are licensed to work with children and teens.

It has been a priority of St. Luke's to break down these barriers, because if left untreated, students with mental health needs often struggle in school, which can lead to a lifetime of mental health, physical health, and socio-economic problems.

St Luke's is currently embedded in five rural schools with licensed clinical therapists on-site, in schools, and in a conveniently located outpatient counseling center office. The state has licensed and endorsed our program, which treats not only youth, but employees of the schools in which we are licensed. In one district alone, we have treated 19% of their student population between January 2022 and August 2022. Between November 2021 and August 2022, our clinicians held a total of 3,451 YESS! Program therapy sessions across all participating districts.

The YESS! program provides integrated mental health treatment for children, adolescents, and teens in the designated schools. The program helps students overcome emotional, behavioral, or social problems that interfere with success at school and at home. The program is geared toward students whom the guidance counselor or Student Assistance Program team identifies as needing more than a 15-minute check-in with the guidance counselor. Parents, teachers, principals, and others can recommend students to their guidance counselors for the YESS! Program.

As members of the school-based team, we serve students in a familiar setting, offering minimal interruption to their school day. Services are not limited to students but are often extended to students' families as well as faculty and staff of the participating school districts. Under the scope of the program, students are treated during 30- to 60-minute sessions for issues that include aggression, anxiety, depression, isolation, poor social skills, stress, and/or trauma. Sessions may take place at a child's school or virtually 12 months a year.

Once a student is referred, YESS! staff will conduct a clinical psychosocial assessment to determine the best course of treatment. Psychotherapy is not medication based, but referrals to psychiatrists, who can prescribe psychotropic medications, will be made when necessary.

Therapy session costs will depend on a student's health care coverage and related co-pays. The federal Affordable Care Act requires most health care policies, including those acquired through health exchanges and Medicaid, to cover mental health services as they would for medical services.

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If families are uninsured, St. Luke's works with them to get them coverage on the health exchange, Medicaid, or Pennsylvania's Children's Health Insurance Program (CHIP). If we are not able to provide the services they need, we make sure to connect them with the appropriate resources in their community.

While the YESS! Program is a successful model in the treatment of school aged children, there remains a gap in mental health treatment in rural communities for adults and seniors. St. Luke's works in a variety of way to combat these mental health access challenges (as defined by the Center for Rural Pennsylvania, Jan. 2022).

St. Luke's has committed to expanding resources in rural areas with both our Rural Psychiatric Residency and expanded outpatient services. The Rural Residency program will bring eight psychiatric residents to the rural community over the next four years, with the goal of retaining those specialists within those historically underserved communities. We urge the state to assist St. Luke's with this goal by funding additional loan forgiveness programs for those mental health clinicians who choose to remain in rural Pennsylvania for a certain period of their practice.

Combatting Financial Challenges: Nearly 5% of Pennsylvania children are uninsured (2022 *Center for Children and Families (CCF) of the Georgetown Health Policy Institute*). This does not take into consideration those who are *underinsured*. Our YESS! Program works to connect children to zero copay medical assistance, thereby eliminating a financial barrier.

St. Luke's has also leveraged grant funds to connect low-income families to mental health care in their communities. Grant funds are great for addressing challenges in the short term and developing pilot programs, but for long term sustainability of rural mental health programs, reimbursement rates from public and private payors need to 1) be increased to cover the actual costs of services and 2) be expanded to cover Licensed Professional Counselors and Licensed Marriage and Family Therapists. Access to care is dependent on government forward progress if we are to make a future impact.

Combatting Transportation Challenges: Rather than rely on non-existent and/or unreliable public and private transportation services, St Luke's has met this challenge head on. We have implemented co-located on-site services, telehealth, rural health, and mobile van services. St Luke's has co-located and integrated licensed clinical therapists in rural Primary Care Physician offices to make connection to immediate mental health care easy and accessible.

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During the COVID Pandemic, St. Luke's met our communities' needs by standing up a fully virtual partial hospital program, treating people ages 17 and up. This eliminated the need for transportation to and from the program and has had such amazing outcomes that we have continued a fully virtual program based out of Carbon County. We know that treating adults in rural areas directly improves the lives of their children.

Combatting Mental Health Stigma: St Luke's knows that mental health literacy can be limited and comes with a high price tag. The less education people have about their mental health and about mental wellness in general, the more stigma that permeates a community and is passed down through generations. For this reason, we have brought education into schools to help children learn about the importance of mental health and to identify and recognize symptoms in themselves and each other. Our school-based programs are inclusive of everyone in the school, thereby helping to make mental healthcare and education part of the culture of our rural schools. By embedding Certified Peer Specialists and Certified Recovery Specialists into community settings, we hope to further reduce stigma and increase education for rural communities.

Our community health department at St Luke's is also committed to improving the physical and mental health of children in our rural areas. Our mobile health vans reach rural youth in the community and at schools where they have access to mental, physical, and dental healthcare. St Luke's sees an opportunity to broaden the span of our Mobile Engagement Services for youth and adults in rural Pennsylvania. Again, our goal is to meet people where they are located rather than expecting people to be able to transport to treatment.

Distance/Travel Time and Conflicting Work/School Hours: St Luke's has implemented a robust telehealth platform. Children, adolescents, and families can connect with psychological and psychiatric care from their homes, business, schools or anywhere they have Internet access. We have implemented virtual care appointment slots in hours that may better fit the needs of our communities. Through integrated psychiatric and primary care medicine, patients of any age now receive convenient and more timely care.

Telehealth: Internet Access and Technology Barriers: For families with Internet access or the ability to travel to an area with public Internet access, SLUHN has implemented "My Chart." My Chart is an online platform that links adults and children to their medical records, scheduled appointments, health care reminders, and the ability to message members of their primary care physician or specialist physician offices. Psychiatrists, psychologists, and psychotherapists are able to connect virtually with clients of any age from a platform embedded in the patients' electronic health record.

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We want to extend our appreciation to the General Assembly and the Governor's office for prioritizing broadband infrastructure improvements in the FY22-23 budget. This initial investment is a great step in connectivity, but we should remain focused on the assurance that we are providing hardware and education to those who need it. Creative ways to ensure access may be through technology centers or cyber-hubs where community members can access private space to complete their medical visits.

Community Health Barriers: Food insecurity has been increasing at a higher rate in rural areas than the rest of the Commonwealth. According to the USDA, in 2021 11% of rural households were food insecure. Additionally, Second Harvest Food Bank, has reported a 60% increase in food insecurity since the beginning of the COVID-19 Pandemic, due to high poverty rates, worsening economy, lack of government assistance, and an increase in the price of food and other goods.

We know from our community health work that we have overlap with co-occurring needs such as food insecurity, poverty, chronic disease, and mental health/substance use disorders (SUD). One of our key strategies in rural areas has been training Community Health Workers, athletic trainers, and family development specialists at our participating school districts on how to connect the community to food access, social services organizations, and mental and physical health services.

As previously stated, St. Luke's is committed to bringing behavioral healthcare to people where they are. We are fortunate to be a part of a large health system that has prioritized mental health care on the same level as physical health care. Without the support of the health system, our programming would not be financially viable. Mental healthcare reimbursement rates do not come close to covering the actual costs of services. We applaud the efforts of the Pennsylvania legislature and the Governor's office to allocate \$100M for school based mental health funding and \$100M for adult mental health funding. However, we urge the state and federal government, and private insurers, to review the outdated reimbursement rates and policies for mental health treatment. Without this financial support, we will continue to face a challenge in connecting patients to the truly lifesaving care that they need.

Respectfully submitted,

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