

Michael Hopkins, President and CEO
Children's Service Center of the Wyoming Valley

The following testimony is offered on the topic of current challenges being faced in the provision of mental health services in rural communities, especially as it pertains to providing services within rural school-based settings.

Thank you for the opportunity to present testimony at today's hearing. As a long time provider of behavioral health services in rural communities like Wyoming, Wayne, Montour and several Northcentral counties, Children Service Center (CSC) has faced many challenges such as:

- Recruitment/Retention of qualified, quality staff.
- Schools becoming the hub for mental health services.
- Impact of Social Determinants of Health (SDoH)

Recruitment/Retention of Staff

Non-profit organizations are challenged with recruiting and retaining staff at a time when successfully achieving this goal has never been more difficult. Organizations like CSC have needed to get creative in our approach. For example, we have done all of the following over the last few years.

- Offered all staff tuition reimbursement (currently costing in excess of \$140,000 annually)
- Offered all staff a Loan Forgiveness program (currently costing in excess of \$135,000 annually)
- Currently paying employee health insurance costs from 3/21 - 3/22 at an expense to the organization of \$1,215,000
- We have offered 3 retention bonuses this year at a cost of approximately \$1.4 million
- Added benefits to part-time staff offering discounts on dental/vision in addition to 4 paid holidays based on hours worked
- Additional 3 vacation days to new hires and giving them access to that time earlier
- Offering flexible work schedules when appropriate (i.e., 4 ten-hour days, work remotely, etc.)
- Absorbed the cost of a full-time staff recruiter, increased mileage reimbursement and brought a leadership development program in house to develop our future leaders.

These steps are needed to compete within a restricted workforce. CSC is just one of hundreds of mental health providers in the commonwealth. The costs for all of the above are mostly being absorbed by the organization, significantly impacting our bottom line. I provide this information to give you an idea of the actual costs to recruit and retain qualified staff for one organization operating within the commonwealth.

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Our rates to provide services are basically fixed within the Medicaid managed care system so unlike the large companies that we may be competing with for staff (T.J. Maxx, Chewy or even McDonald's), we cannot raise our rates to cover the additional costs.

Although we appreciate the recent emphasis being placed on workforce development by legislators, the money being discussed will not put a dent in the problem. Providers need to be given the ability to compete for staff and the only way to do that is to look at current rates for services provided and increase rates to sufficient levels where possible. With sufficient rates, providers will have greater success recruiting and retaining quality staff in rural areas thus allowing the mental health needs of youth and families to be met in school and home settings.

Schools and Mental Health

CSC has partnered as a provider with our Behavioral Health Managed Medical Assistance Provider, Community Care Behavioral Health (CCBHO) to provide community and school-based behavioral health (CSBBH) services to 15 School Districts and 32 school buildings within those Districts. We employ over 120 staff, many licensed and/or with master's degrees, serving close to 700 youth and their families. Many of these schools are in rural settings.

Elements that exist within the CSBBH model that should be included in any discussion regarding meeting the mental health needs of youth in rural settings include:

- 24-hour services to the youth and their families. Available crisis services are limited in rural areas because the volume of calls does not support the financial needs of hiring full-time crisis support staff.
- Services should be provided in both the school and home settings whenever possible to ensure that gains made in the educational setting take hold in the home setting.
- The CSBBH team should be imbedded in the school, becoming part of the team of professionals working with the youth and their families. During the school day, the team should be available, helping to provide behavior support, creating a safe environment for all parties involved.
- Trained Psychologists should be available to support the treatment planning for the youth and their family, guiding the actions of the treatment team.
- Whenever possible, providers should be encouraged and supported to bring additional services such as Psychiatry and medication management services into the schools.
- Telehealth needs to be available whenever possible making it easier for families to be involved in the treatment process.

CSC has embraced the school-based model as a great way to bring much needed mental health services into the rural (and urban) communities we serve. Almost all the school districts see the CSBBH model of care as critical to the successful operation of the education for the youth. Many Superintendents, Principals and staff comment that they do not know what they would have done without the school-based team's support. At times, some schools have been reluctant at

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first to bring mental health services into their school, however, quickly realized the importance of having this much needed support in place.

I'd caution the legislators about "throwing money at the problem" without a long-term strategy to sustain the service. Recent funding given to the districts to add social workers to the school does not appear to be sustainable when the "seed" money is gone. Schools will be faced with significant budget decisions when the money dries up that could lead to important mental health services that schools depend on being cut from the budget. Investing in a model that gives the prospect of sustainability is strongly recommended over a one and done strategy.

Social Determinants of Health

Many of the families we serve in rural communities are faced with challenges such as transportation, childcare, lack of financial resources, inability to leave work when needed, food insecurities and limited social support networks. All these factors play a large role in the provision of mental health services in rural settings.

Based on these challenges, it's imperative that the services are brought to the families either in person or through telehealth. The CSBBH model mentioned earlier in this testimony is a potentially sustainable model with over a decade of data that shows it works in bringing quality mental health services to rural communities. Appropriate funding for potentially sustainable models of mental health care is imperative for meeting the long-term mental health needs in rural communities.

Thank you again for the opportunity to testify on this important topic. I wish the committee well in future discussions and decisions made to bring much needed mental health services to rural educational settings.