



Disability & Mental Health Summit Legislative Panel

Friday, April 19, 2024 | 1 p.m.

Hosted by

State Representative Dan Miller

PANEL ONE: Mental Health Staffing 101: Building for the Needs of Tomorrow

- Jennifer Smith, Pennsylvania Department of Human Services (DHS), OMHSAS
- Dr. Michelle Schein, University of Pittsburgh Department of Counseling & Behavioral Health, School of Health & Rehabilitation Sciences
- Gretchen Kelly, PLEA Behavioral Health Agency

PANEL TWO: Disability & Mental Health Needs of Incarcerated People

- Lu Randall, Autism Connection of PA, University of Pittsburgh REACT Research Program
- Leigh Owens, Pennsylvania Prison Society
- Jason Beasom, Allegheny County Jail
- Renee Madden, Allegheny County Jail
- Alec Wright, Esq., O'Brien Coleman & Wright, LLC
- Melinda Murphy, parent of incarcerated person with a disability

Point a smartphone camera here to find testimony & supporting materials from the discussion:



	Professional Counseling	Social Work	Marriage and Family Therapy	Psychology
Accrediting Bodies	Council for Accreditation of Counseling Related Education Programs (CACREP) Masters in Psychology and Counseling Accreditation Council (MPCAC)	Council on Social Work Education (CSWE)	Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)	American Psychological Association (APA)
Education	Minimum of a 60-credit master's degree	Minimum of a 60-credit master's degree	Minimum of a 60-credit master's degree	3 full-time years of graduate studies requiring a doctoral degree
Clinical Placement Requirements (during degree program)	A minimum of 700 hours of supervised field placements	A minimum of 900 hours of supervised field instruction. Advanced standing students may complete fewer hours depending on program approval.	A minimum of 300 direct clinical contact hours, at least 100 of which must be relational hours.	One full-time year of residency required.
Clinical Licensure	Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors: Licensed Professional Counselor (LPC)	Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors: Licensed Clinical Social Worker (LCSW)	Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors: Licensed Marriage and Family Therapists (LMFT)	Pennsylvania State Board of Psychology
Clinical Requirements for Clinical License	3,000 hours of Supervised Clinical experience over a 2-year minimum period	3,000 hours of Supervised Clinical experience over a 2-year minimum period	3,000 hours of Supervised Clinical experience over a 2-year minimum period	2 years of supervised experience.
Primary Professional Organizations	American Counseling Association	National Association of Social Workers	American Association for Marriage and Family Therapy	American Psychological Association

Gretchen Kelly, Executive Director, PLEA
Legislative Testimony/Dan Miller Disability Summit 4/19/24

The workforce shortage in the mental health profession, particularly within the Medicaid framework, is multifaceted and influenced by both financial and operational challenges. The link between provider rates and the wages they can afford to pay highlights a core issue in workforce recruitment and retention. Because human services are funded primarily by Medicaid, providers cannot raise prices like private businesses to pay higher wages to attract and retain a highly skilled workforce. State lawmakers have a role to play.

Providers relying mainly on Medicaid revenues cannot compete with the wages offered by those serving commercially insured patients, leading to a workforce drain towards the latter. Pennsylvania has substantial "rainy day" funds that could be used to increase wages in the human services sector. This investment could help retain existing workers and attract new talent to the field, addressing the workforce shortage.

The current statistic identified for clinicians in the behavioral health sector is that 40% of their time is spent on administrative duties. There have been some proposals addressing the creation of a more consistent process across the BHMCO's for the centers of excellence that could create a better path forward for all licensed Behavioral Health services. This process would include:

- Cataloguing state and federal standards and encouraging a national benchmark
- Advocating for simplified credentialing and reduced administrative burden
- Embracing technology to stimulate antiquated paperwork requirements
- Assuring adequate reimbursements for all manner of in-network behavioral health care (psychiatrists, for instance, lag 25 to 50% behind other medical specialties)
- Helping insurers to recruit clinicians into their networks.

With 40% of clinicians' time spent on administrative duties, regulatory changes to reduce this burden could significantly impact workforce capacity in addition to job satisfaction. Reducing regulations that introduce more flexibility into how and where clinicians can operate will make the Medicaid sector more attractive and could prevent clinicians from moving to private practice.

Addressing the projected need for more behavioral health providers involves not only improving current working conditions but also building a stronger educational pipeline to bring new workers into the field, addressing long-term needs. According to the PA State System of Higher

Education, Pennsylvania will need 12% more social service providers, including social workers, by the year 2030. This statistic, coupled with a broken workforce pipeline, will cause a far more pervasive end result for our vulnerable PA residents.

Overall, a combination of better financial incentives, operational efficiencies, and strategic investments in the workforce is necessary to address the current and future challenges in the mental health profession within Pennsylvania's Medicaid system.

LEGISLATIVE AND ADMINISTRATIVE PRIORITIES 2024

(REV. 04/03/24)

- Across RCPA Divisions
 - Workforce initiatives and funding
 - DSPs, DCWs, counselors, case managers, peers, and licensed staff
 - Regulatory reform: Decreasing administrative burden; reducing barriers to access for care
 - Advocate for funding that reflects true “cost-plus” and for meaningful, transparent, VBP models
- Behavioral Health (adult and children’s mental health; substance use disorder services)
 - \$100M in adult mental health services; \$60M in continued investment for county-based MH funding
 - \$100M in school-based mental health funding supporting collaborative school/community-based treatment
 - Support for re-implementation of the national CCBHC model and funding
 - Focus on parity and integrated behavioral and physical health care models
 - Address redundancy and inconsistency among substance use disorder treatment audits and overseers
 - Enhance access to methadone for opioid use disorder and improve treatment models within programs
 - Ensure the sustainability and integrity of the Opioid Use Disorder Centers of Excellence (COE) program
 - Amend the IBHS regulations to address access issues, and payment equity between IBHS / ABA services
 - Resolve the CMS 4 Walls telehealth barriers issues to expand delivery pathways
 - Ensure Medicare enrollment for clinicians recognizes completion of the 3000 supervision hours as PA licensing standards
- Intellectual and Developmental Disabilities (IDD)
 - Advocate for the governor’s proposed budget increase of 12% (\$430M) and a retroactive 6% adjustment
 - Support stakeholder involvement in the Selective Contracting Waiver (Performance-Based Contracting)
 - Support programs for the severely disabled (e.g., medical and behavioral complications)
 - Focus on revamping CPS and respecting individual choices
 - Advocate for a broader, more inclusive interpretation of the CMS Settings Rule
 - Significant changes regarding the Supports Inventory Scale (SIS) and implementation of an appeal process
 - Implement recommendations from the Legislative IDD Task Force
 - Advocate for Standard Occupational Code (SOC) for DSPs
- Brain Injury/Physical Disabilities and Aging
 - Establish a rate refresh process for all OLTL services, based on OBRA Medicaid FFS
 - Meaningful involvement with the CHC procurement
 - Require consumer choice and consumer-directed service
 - Develop proactive partnerships with CHC-MCOs and BH-MCOs
 - Brain Injury Services
 - Meaningful changes and increases to funding and models by working with a legislative advocate
 - Submission of letter to CMS regarding the BI rates and budget shortfall
- Medical Rehabilitation
 - Continued expansion of the 3-hour rule: Advancing the *Access to Inpatient Rehabilitation Therapy Act*
 - Review Choice Demonstration
 - 100% pre-claim review continues for all Medicare-participating IRFs in Alabama
 - Focus on CMS demonstration; CMS will provide 90 days’ notice
 - Novitas (Medicare Administrative Contractor in PA) Medical Director Requirement
- Early Intervention/Pediatrics
 - Interim rate increase while early intervention rate methodology is completed for 2025/26 budget
 - Improve system consistency across counties
 - Clarify/expand access and eligibility criterion

DISABILITY IS NOT A CRIME

Free Law Enforcement Training

Learn best practices for law enforcement or other first responders when encountering and supporting people who have hidden disabilities like autism.

Speakers Include

Ethan Puskas, a seasoned EMT with lived experience being autistic

Eric Kroll, 30 year veteran police officer and dad to a young man with autism

Lu Randall, Executive Director of Autism Connection and counseling professional

Live or webinar trainings
customized to your needs.

Contact: lu@autismofpa.org

*This project is funded by the Pennsylvania
Developmental Disabilities Council.*



Legislative Efforts and Resources in other States

Virginia

This bill requires the Department of Education to establish guidelines for individualized education program (IEP) teams to utilize when developing IEP's for children with disabilities:

[Virginia HB134 | 2020 | Regular Session](#)

This bill directs the Department of Corrections to create a workgroup to review current guidelines and develop recommendations that recognize and make accommodations for people with developmental disabilities:

[VA HB659 | 2020 | Regular Session](#)

This bill allows a court to defer and dismiss a criminal case where the defendant has been diagnosed with autism or an intellectual disability:

[VA SB133 | 2020 | Regular Session](#)

These bills refer to criminal proceedings and the consideration of mental condition and intellectual and developmental disabilities:

[VA SB1315 of 2021](#)

[VA HB2047 of 2021](#)

Virginia organization responsible for the passing of the above referenced bills.

[Decriminalize Developmental Disabilities | Decriminalize Developmental Disabilities](#)

West Virginia

This bill creates a study group to make recommendations regarding the diversion of persons with disabilities from the criminal justice system:

[SB 232 Text](#)

This bill continues the study group that was established with *SB232* addressing competency and criminal responsibility in individuals with disabilities. It also permits the committee to seek funding for diversion programs.

[West Virginia SB632 | 2024 | Regular Session](#)

Nevada

This bill establishes an "Autism Court" for juveniles.

[SB411 Overview](#)

North Carolina

This organization advocates for autistic individuals who have become entangled in the criminal legal system.

<https://autisminnocenceproject.org/>

Pennsylvania

This organization protects and advocates for rights of people with disabilities:

[Disability Rights PA](#)

This organization works to create safe communities throughout the Commonwealth with education, resources and rational, fair solutions to Pennsylvania's sexual offense laws:

[PARSOL](#)

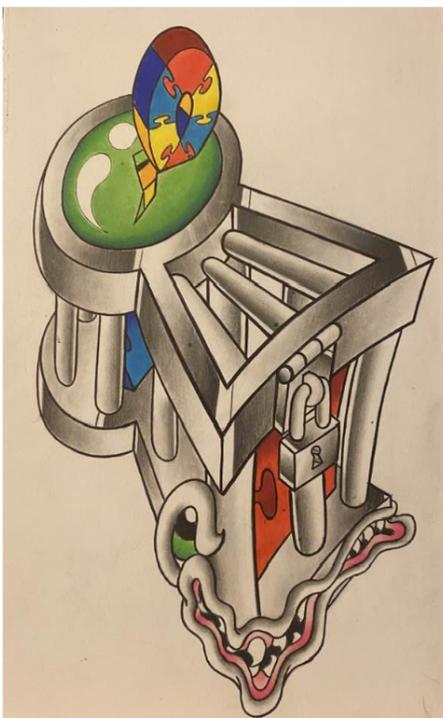
This recent PARSOL report details information on autism, IDD, & sex offenses:

[Pennsylvania Sexual Offense Laws, Autism Spectrum Disorder, and other Intellectual & Developmental Disabilities](#)

This is a link to information regarding Justice Dougherty's Autism in the Courts initiative.

<https://www.pacourts.us/learn/autism-and-the-courts>

HELP US HELP JONATHAN
help@autismofpa.org



Jonathan, a man with intellectual disability, autism, and clinical depression, was paroled on April 6 2023 but remains incarcerated, more than a year past his release date because of a lack of disability services and aftercare.

How many more people like Jonathan are stuck inside?

He asks daily,
“What is wrong with me?”

Illustrations by Jonathan with permission from the artist
Art Marker on Bristol Board, 2024

