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United Healthcare Workers East

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October 22, 2021

Senator Ron Wyden, Chairman
Senator Mike Crapo, Ranking Member
United States Senate Committee on Finance
mentalhealthcare@finance.senate.gov
Re: Improving Behavioral Health Care and Jobs

Dear Senators Wyden and Crapo:

We appreciate your efforts to improve behavioral health services and we are responding to your September 21st letter soliciting input to improve access to services for Americans with mental health and substance use disorders.

We are frontline behavioral health caregivers and members of 1199SEIU, the largest healthcare workers union in the country. We work for community-based organizations in the New York City area as Case Managers, Service Coordinators, and Resident Counselors with over fifty years of collective experience providing services to clients. We will primarily address the issue of "Strengthening the Workforce."

When the Finance Committee considers policy proposals to improve behavioral health services, it is important to remember that the frontline caregivers are critical to both the quality and access to care, and much of what needs to improve are the working conditions of those providing care.

Every day, we work with a very challenging population to provide direct mental health services and coordinate medical and other services for our clients. We work in group homes, supportive housing, homeless shelters, and other settings. We are underpaid and overworked, and increasingly we are losing co-workers to jobs that pay more with less stress. We need to make sure these jobs pay living wages and are safe for both workers and the clients we serve. We need enough staff so we are not alone in potentially dangerous settings, we need improved training and support to effectively work with difficult clients, and we should not be expected to go into workplaces that are not designed to be secure.

Despite these challenges, we remain committed to providing good behavioral health care and have some specific suggestions to share with the Committee.

Q. What barriers, particularly with respect to non-physician workforce, prevent patients from accessing needed behavioral health care services?

- Low pay is the primary challenge to both keeping current and attracting new behavioral health workers. Often staff with bachelors and master's degrees are earning \$30K to \$40 per year for very challenging work. This is not sustainable, and we will continue to lose staff as wages in many low-skill jobs meet or exceed salaries for this critical work. State and federal agencies need to increase the level of provider reimbursement and this funding must be directed at frontline salaries.

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Q. Are there payment or other system deficiencies that contribute to a lack of access to care coordination or communication between behavioral health professionals and other providers in the health care system?

- A common coordination challenge we see is when a patient needing behavioral health care enters a hospital and is eventually stabilized and discharged either with or without a referral for behavioral health care. Typically, this person then ends up on the street, in a shelter, or some other place without the ability to be contacted for follow up even if they have a referral. We recommend that Medicaid pilot value-based purchasing that incentivizes hospitals to discharge these patients to ensure a warm hand off to services, including congregate care setting as needed so the patient does not fall through the gap. Hospital payment should be tied to the extent the patient receives services ordered during the discharge process.
- Clients have many challenges communicating with PCPs and other service providers for a host of reasons including lack of access to technology and reluctance to physically engage with providers. Frontline caregivers could facilitate this communication IF they have access to technology themselves. Often, we only have our personal phone when in the field and federal regulators should ensure that providers are employing appropriate technology to connect clients to services, including furnishing smart phones or tablets to field staff

Q Should federal licensing and scope of practice requirements be modified to reduce barriers for behavioral health care workers?

- From our years of experience in the field, we have found compassion and the ability to connect with clients to be the most important qualifications to provide good care. The time and cost to earn either a bachelors or advanced degree plus the cost of licensure exams do not necessarily translate into more effective caregivers. Experience and compassion are just as important.
- The federal government should encourage state agencies to allow providers to credit years of service towards degree requirements and cover the cost of education and licensing exams for frontline workers.

Q. What public policies would most effectively reduce burnout among behavioral health practitioners?

- It is not uncommon for case workers to have caseloads of 70-80 clients that must be seen each month. This is unsustainable and is burning out good workers and it means we are not providing the care that is needed. We could spend an entire day with many of our clients – tracking them down, providing care, connecting them with other services, and completing requisite paperwork. Unfortunately, instead we are constantly rushing, triaging, and putting out fires. Appointments get missed and care is not provided.
- The federal government should require a cap on caseloads and not allow Medicaid to reimburse providers for care beyond a designated limit per worker.

We appreciate the work the Committee is doing to improve behavioral health services and jobs and we hope the Committee's work is a first step in making improvements to services that have been overlooked for too long.

If you have questions, please contact Dennis Short, Senior Policy Analyst, 1199SEIU, Dennis.Short@1199.org

Sincerely,

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