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November 1, 2021

Senator Ron Wyden, Chairman, Committee on Finance &  
Senator Mike Crapo, Ranking Member, Committee on Finance  
United States Committee on Finance  
Washington, DC 20510-6200  
[mentalhealthcare@finance.senate.gov](mailto:mentalhealthcare@finance.senate.gov)

Senator's Wyden & Crapo,

The Council of Southeast Pennsylvania/PRO-ACT is responding to your letter and questionnaire to the Behavioral Health Care Community, which was brought to our attention by Faces and Voices of Recovery. Thank you for the opportunity to have input into issues and policy that can affect and improve future access to care healthcare for mental health and substance use disorders.

Your questionnaire is comprehensive. We have answered some questions in 1) Strengthening Workforce, 2) Increasing Integration & Access to Care and 3) Improving Access for Children and Young People. If you have any questions or would like further clarification, please feel free to contact me at 215.345.6644 x 3111 or [nwest@councilsepa.org](mailto:nwest@councilsepa.org).

Again, thank you for this opportunity to provide input.

Sincerely,

*Noni West*

Noni West, Public Policy Specialist

Cc: Jennifer King, Executive Director

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*Satellite/PRO-ACT Locations:*

Chester County Recovery Support Services 484.325.5990  
Montgomery County Recovery Support Services 484.383.0802  
Philadelphia Recovery Community Center 215.223.7700

Philadelphia Recovery Training Center 215.923.1661  
Southern Bucks Recovery Community Center 215.788.3738  
Women's Recovery Community Center 215.489.6120



## **Behavioral Health Care Community Questionnaire**

### **Strengthening Workforce**

#### **What barriers, particularly with the physician and non-physician workforce, prevent patients from accessing needed behavioral health services?**

There is a shortage of Certified Recovery Support (CRS) specialist for substance use disorder. It would help if priority was placed on funding trainings and on expanding the need for CRSs. Employing the use of a CRS in hospitals fulfills a critical need for both the patient and families at a time of critical need, and their engagement in Emergency Services, Police Departments, schools, and universities has also increase demand for CRS. This creates both opportunity and challenge, as a robust, competitive workforce of peers is a result of years of dedicated work, but current funding models make it difficult to provide pay that remains competitive, especially in current hiring environment where food and retail service jobs, for example, are offering premium pay, hiring bonuses, tuition assistance, etc.

The newly defined Certified Recovery Specialist Supervision credential in Pennsylvania is a great step forward in strengthening this critical component of a strong peer employment culture. It should be more widely adopted, and funding strategies should incentive organizations for making that part of the supervisory standards in their practice.

#### **(Payment deficiencies)**

Medicaid should reimburse for Certified Recovery Support Services on a national/statewide basis. In Pennsylvania reimbursement is negotiated on a county-by-county basis therefore some counties and organizations do not employ CRSs.

Health insurance reimbursement for recovery support services would revolutionize the field and give it legitimacy.

For mobile CRS engagement, the cost of travel is not reimbursable, but the nature of the work in rural or sparsely populated areas can make provision of the service across the region cost prohibitive. Being able to be reimbursed for travel time would increase access. Granted, telehealth does help ameliorate this challenge, but many times, in person engagement is still preferred.

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### **Increasing Integration, Coordination and Access to Care**

#### **What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities**

We are finding there is inequality for minority populations in the Medication Assisted Treatment component of the continuum of care for substance use disorder, yet there is not inequality for inpatient and outpatient treatment.

Research would help determine whether this situation is based upon racial inequity or is based upon cultural differences and stigma. Organizations can set strong DEI goals for hiring, but work must be done to ensure that there is more diversity and equity in the recruitment of people for peer training, and financial support as people obtain the certification to ensure that the Peer workforce closely reflects the demographics of the individuals served.

#### **What programs, policies, data or technology are needed to improve access to care across the continuum of behavioral health services?**

##### **Harm Reduction**

We need more education on harm reduction, and for those providers working across counties, support in bridging the divides in where counties are in their embrace of the full spectrum of harm reduction strategies (i.e., use of fentanyl strips and the legal status of same).

### **Improving Access for Children and Young People**

#### **How can peer support specialists, community health workers, and non-clinical professionals and paraprofessionals play a role in improving children's behavioral health?**

These individuals often have a perspective that uniquely qualifies them in such a way that they can reach the parent/caretaker of the child thereby acknowledging that the children's behavioral health must be taken into consideration in any program of support and recovery. Part of any recovery should always include children and their welfare. Peer specialist can help by showing that the clients are not alone and that their children's behavioral health can be addressed by working through the shame or guilt that often plague the adult individuals.

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**Are there different considerations for care integration for children's health needs compared to adults' health needs?**

There are definite considerations for care integration. Childhood traumas often are carried into adulthood and their children are often caught up in the cycle of it. Acknowledging that there are significant care consideration needs for children will perhaps allow the child to grow up and break the cycle. Understanding that adult behavioral needs often can be traced to childhood traumas can be significant in its healing.

**How can federal programs support access to behavioral health care for vulnerable youth populations, such as individuals involved in the child welfare system and the juvenile justice system?**

Federal protocols for the vulnerable youth populations would go a long way in preventing a cycle of placing out of the juvenile into the adult justice system. To be able to address behavioral issues in the vulnerable youth populations by implementing mandated intake and targeting and addressing mental and behavioral issues early on increases the success of a more well balanced and mentally healthy adult.

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