

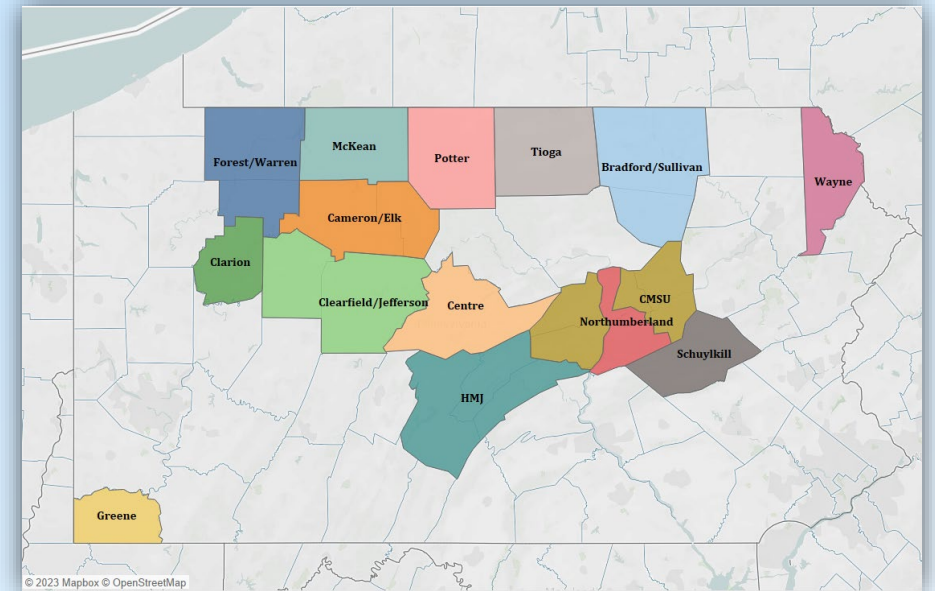
# Behavioral Health Alliance of Rural Pennsylvania

Provider Workforce and Staffing Project



# What is the Behavioral Health Alliance of Rural Pennsylvania?

The Behavioral Health Alliance of Rural Pennsylvania (BHARP) was established in the fall of 2006 and is comprised of County MH/ID Administrators and Human Service Directors, along with Drug and Alcohol Single County Authorities from 24 counties in north central Pennsylvania. BHARP is a Pennsylvania Non-Profit Corporation who is the primary contractor for the North Central Behavioral Health HealthChoices Contract.



[www.bharp.org](http://www.bharp.org)

# Provider Workforce and Staffing Project Development

- Prior to the public health emergency government agencies identified an impending behavioral health workforce shortage in rural communities.
- The public health emergency significantly escalated the issue as providers struggled to retain and recruit employees.
- Demand for behavioral health services increased though the providers in the behavioral health network were unable to keep pace with the rising demand affecting member access to services.
- Surveys and studies were conducted across the network through 2021 that identified the behavioral health workforce and staffing as the key issue restricting access of services to members.



- Joint State Government Commission; Pennsylvania Mental Health Care Workforce Shortage: Challenges and solutions; June 2020  
[http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-06-04%20HR193\\_Mental%20Health%20Workforce.pdf](http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-06-04%20HR193_Mental%20Health%20Workforce.pdf)
- Center for Rural Pennsylvania; Access to Mental Health Services in Rural Pennsylvania; January 2022  
<https://www.rural.pa.gov/download.cfm?file=Resources/PDFs/research-report/Mental%20Health%20Access%20Final%20Report%20January%202022.pdf>

# Provider Workforce and Staffing Project Development

- A need to develop a data driven process to solve the provider workforce and staffing problem was identified as all information about the issue was qualitative.
- Funding is limited and BHARP has a fiscal responsibility when using taxpayer dollars to have the most impact as possible.
- If BHARP was to develop effective strategies and solutions to the problem, the outcomes of these strategies and solutions needed to be measured to determine actual impact.



# Provider Workforce and Staffing Project Development

- BHARP worked with 67 ambulatory behavioral health providers who, in 2022, were at the most risk and had not yet met utilization levels they were at prior to the public health emergency in 2019.
- BHARP engaged with these providers to develop a data collection process to understand the actual workforce and staffing issues experienced by the agencies.
- BHARP understood that there was an administrative burden on an already stressed workforce and to receive valid, actionable data there could not be requirements or a punitive process to not submitting data.
- Of the 67 providers engaged, approximately 30 providers agreed to participate in the process.





# Provider Workforce and Staffing Project Development

- BHARP began with a workgroup of providers to develop the business requirements and the methodology of the project.
- Providers had collaborative input and assisted in developing the methodology being used to meet their own business requirements of the project.
- BHARP engaged in a practice that all submitted data would be analyzed and returned as actionable information to the providers to have a mutually beneficial process.
- At the conclusion of the workgroup development of the data, BHARP began collecting data from providers in May of 2022.
- This included providing a baseline year of data for each quarter in 2021 and an ongoing quarterly data set 45 days after the conclusion of the quarter.



# Provider Workforce and Staffing Project Core Measures

- Eight core measures were developed that included:
  1. The total number of staffed positions.
  2. The total number of open positions.
  3. The average hourly wage of staffed positions.
  4. The average non-wage payments to staffed positions.
  5. The average number of days positions have been staffed.
  6. The average number of days positions have been open.
  7. The number of separations.
  8. The number of hires.
- This data is collected by provider, by quarter, by location, by level of care, and by job classification.



# Provider Workforce and Staffing Project Outcomes

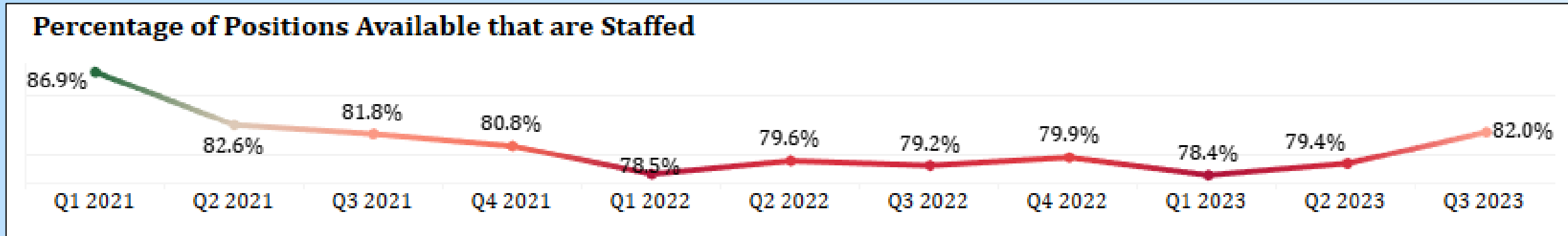
- The data collection process has been very successful due to the support from the provider agencies.
- Reports and data being reported are designed to first and foremost best meet the business requirements of the provider agencies.
- The data has demonstrated the outcomes of several initiatives including significant rate increases to providers, a recruitment and retention program, a tuition reimbursement program, and several other programs being introduced to solve this problem.
- Data has been able to be measured to demonstrate impact of these measures at an aggregate and individual provider level.
- The data is considered only a sample as not all providers in the BHARP contract are submitting.
- Though this data represents agencies that serve 1 out of every 3 members that receive services in the BHARP contract and approximately 40% of all units of service delivered.





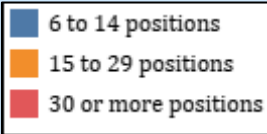
# Provider Workforce and Staffing Project Outcomes – Staffing Levels

- At aggregate level 2 out of every 10 positions are open.

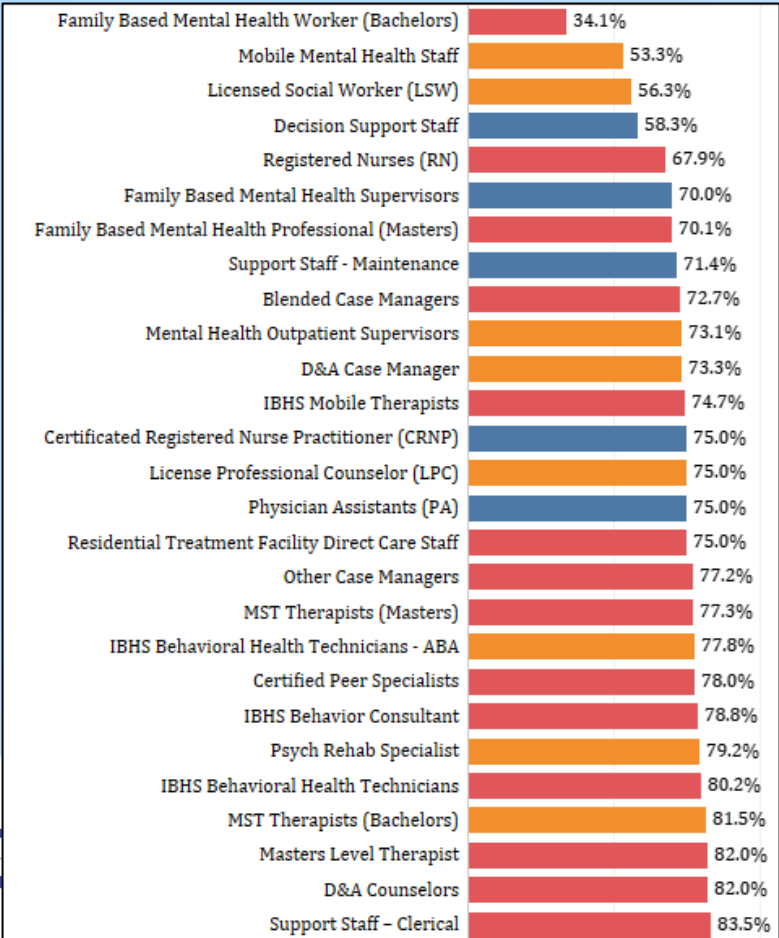


# Provider Workforce and Staffing Project Outcomes – Staffing Levels

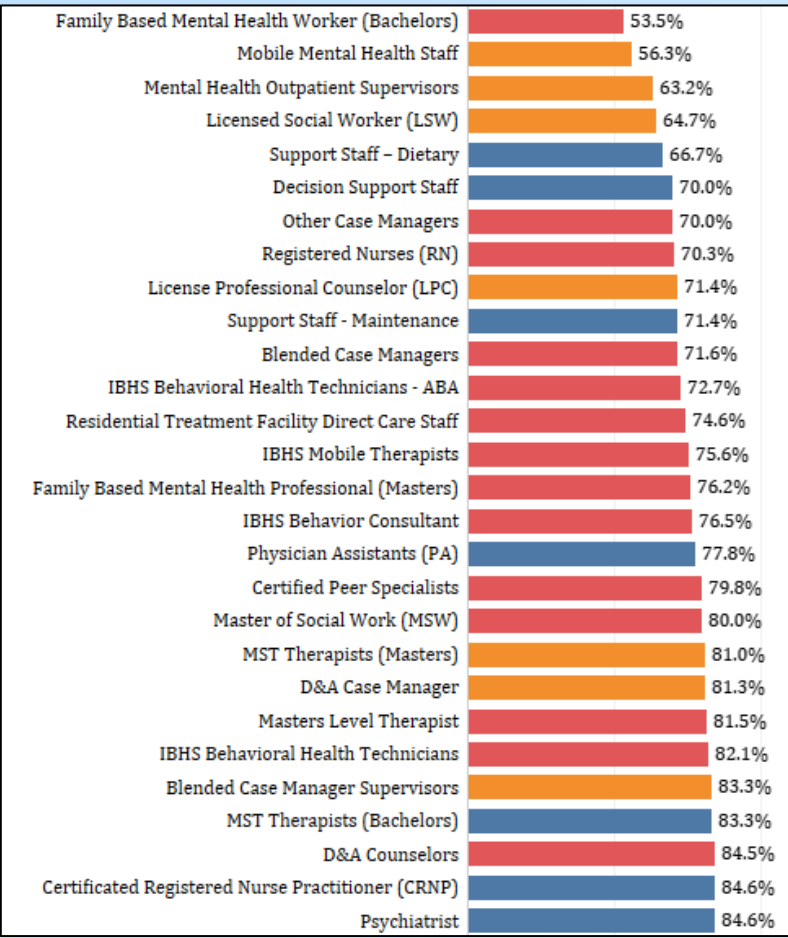
- Disparity among job classifications on staffing levels exist.



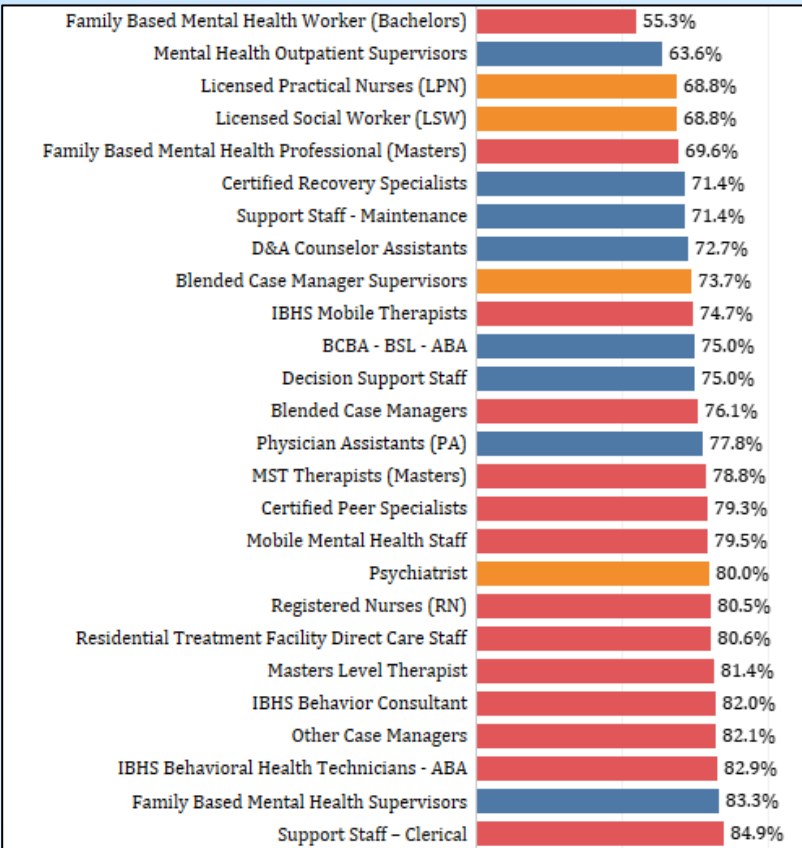
Quarter 1 2023



Quarter 2 2023



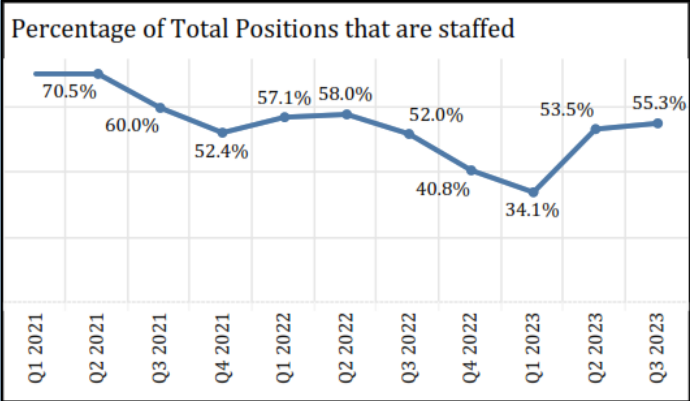
Quarter 3 2023



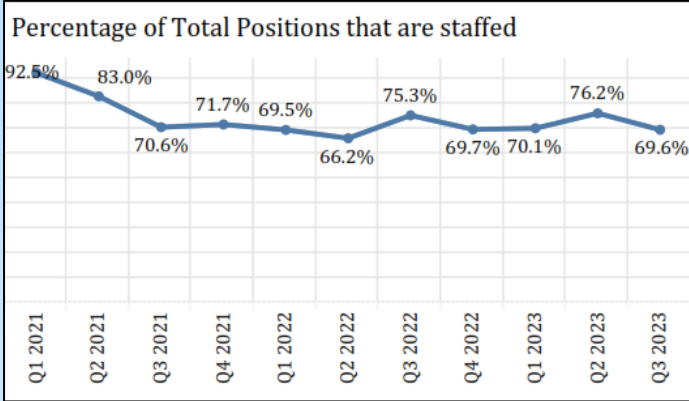
\*Data includes job classifications with at least 6 staffed positions per quarter under 85% staffing.

# Provider Workforce and Staffing Project Outcomes – Staffing Levels

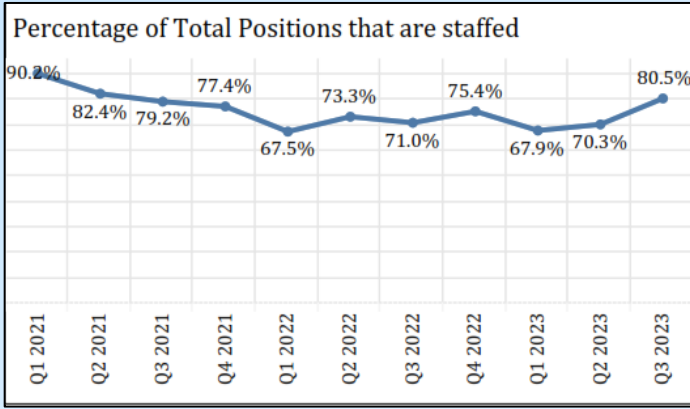
Family Based Mental Health (Bachelors)



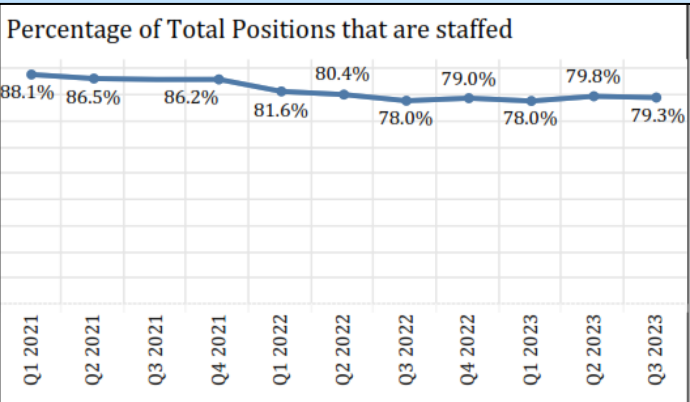
Family Based Mental Health (Masters)



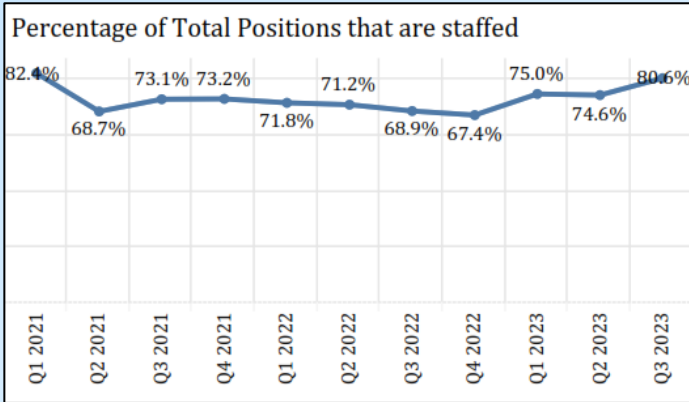
Registered Nurses (RN)



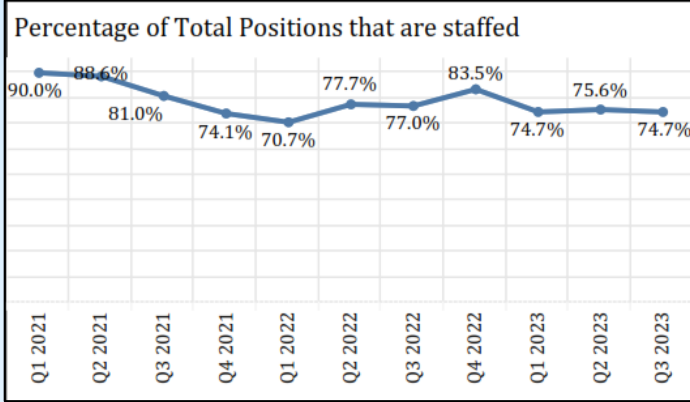
Certified Peer Specialists



Residential Treatment Facility Direct Care Staff

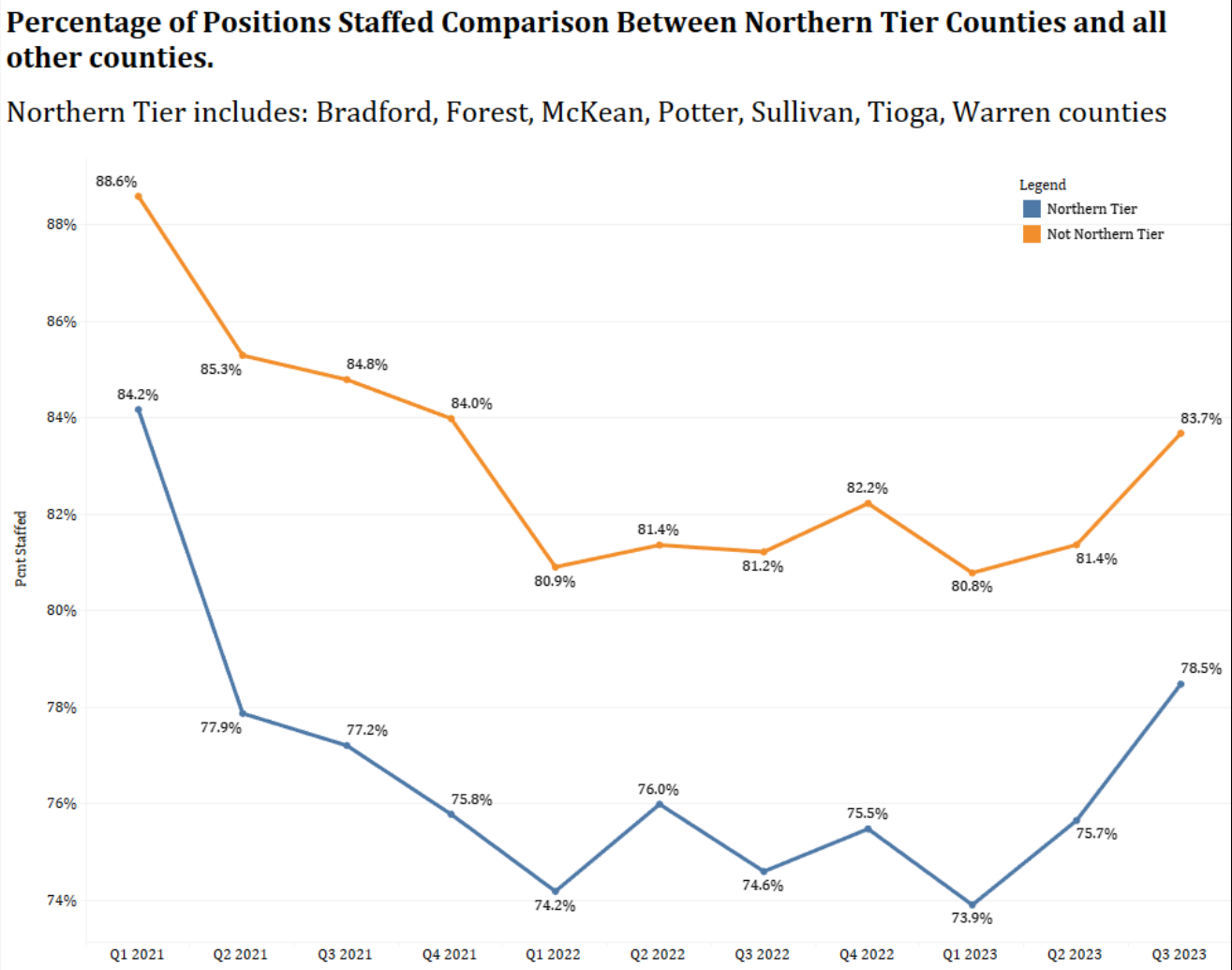


Intensive Behavioral Health Services Mobile Therapist



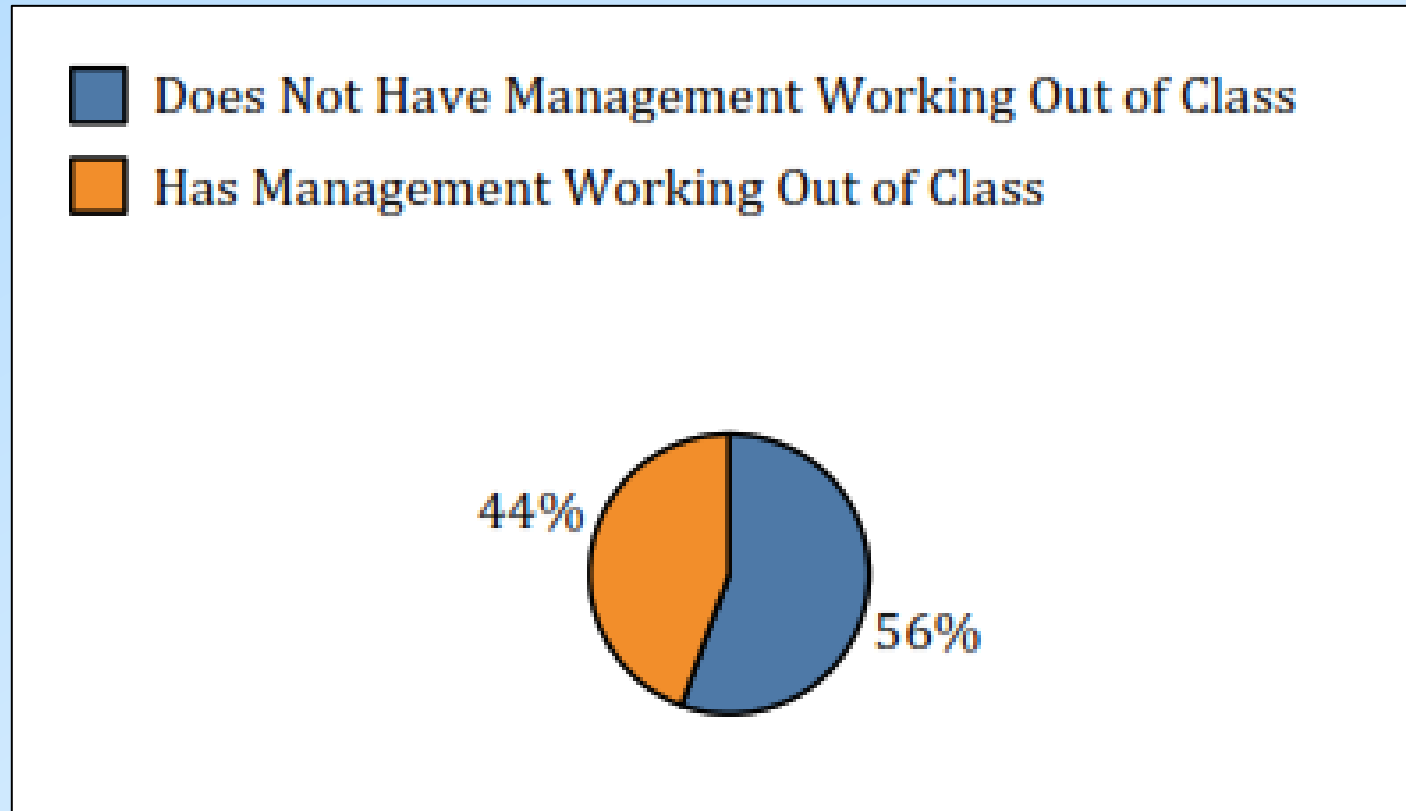
# Provider Workforce and Staffing Project Outcomes – Staffing Levels

- Location of providers does matter with those providers bordering New York State often have lower staffing percentages than all other counties.



# Provider Workforce and Staffing Project Outcomes – Staffing Levels

- Providers also provide data if management is working out of class filling in for direct care roles while staffing levels are down.
- Since collecting this data almost half of all submitting providers have management working out of class.

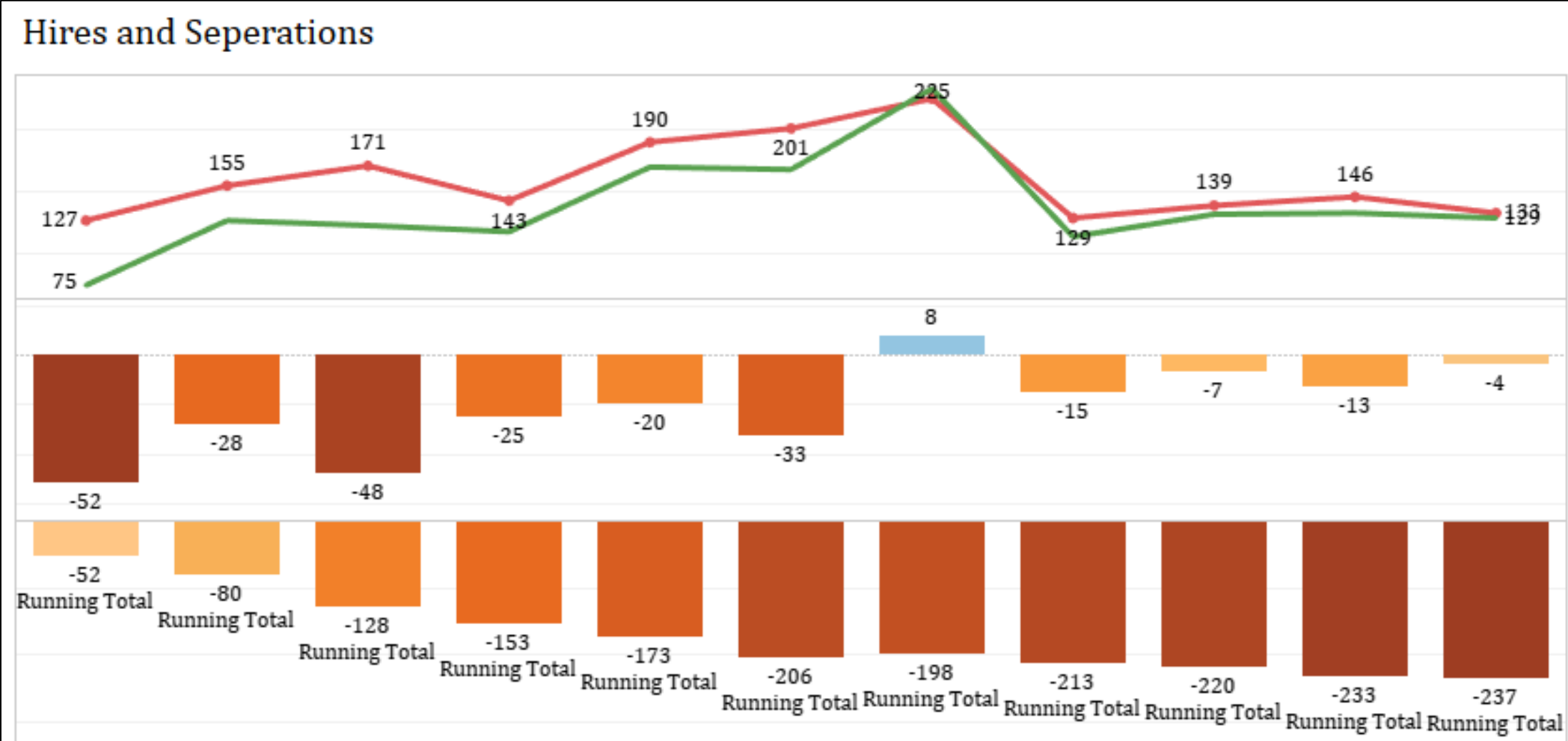


\*Data is Q3 2023 data only



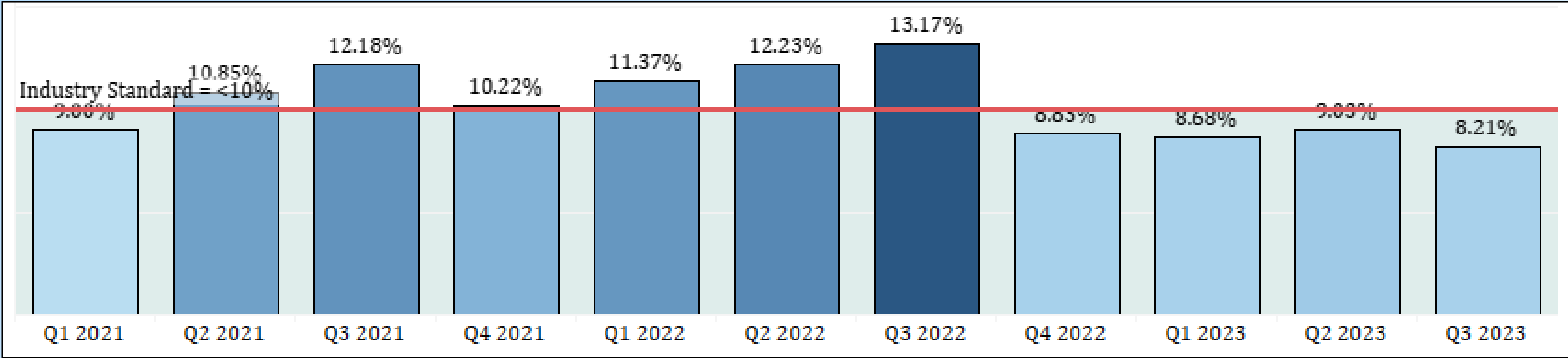
# Provider Workforce and Staffing Project Outcomes – Hires and Separations

- At aggregate level in almost each quarter separations have exceeded hires with a total of 237 more separations than hires since the data has been collected.



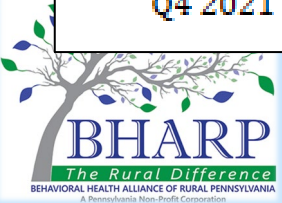
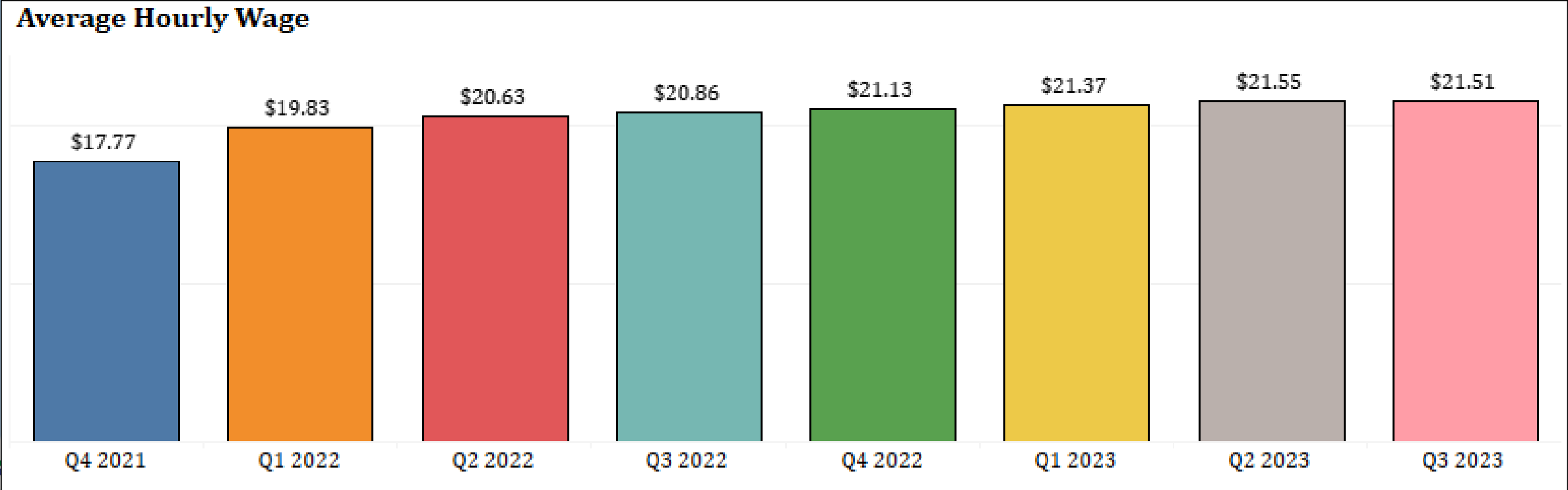
# Provider Workforce and Staffing Project Outcomes – Hires and Separations

- A common business measure is the turnover rate of a business. A 10% or higher turnover rate is considered to be an indication of unstable labor force.



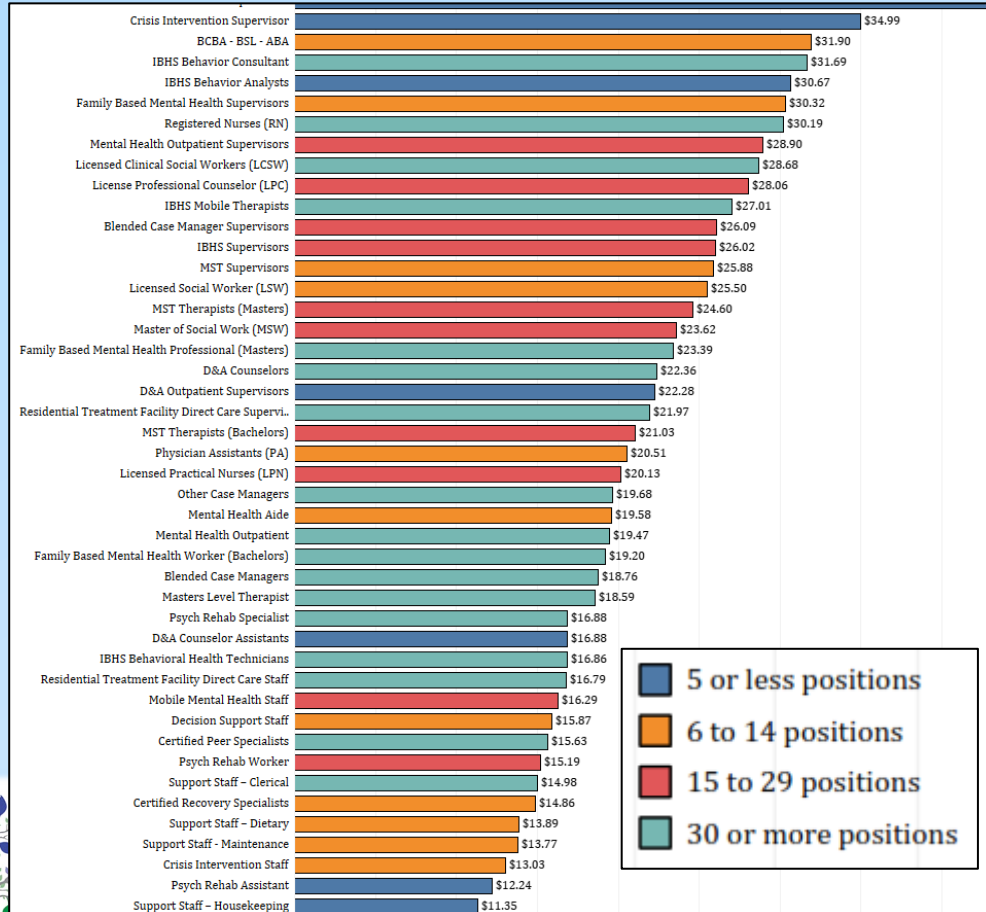
# Provider Workforce and Staffing Project Outcomes – Average Hourly Wage

- The average hourly wage has increased over the data collection period by 21% or \$3.73 per hour.



# Provider Workforce and Staffing Project Outcomes

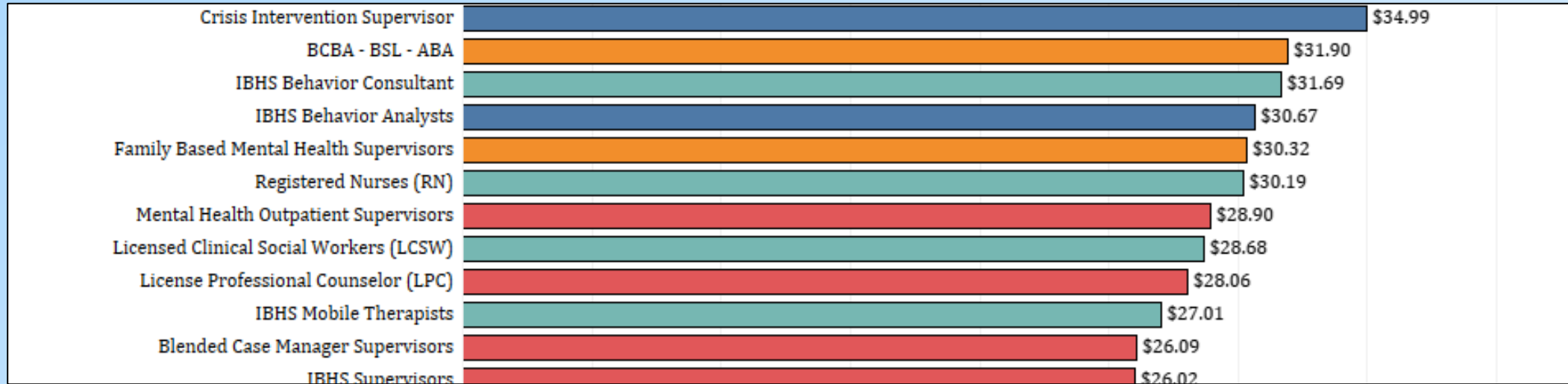
## - Average Hourly Wage



- Average hourly wage of each position, color coded by the amount of such positions exist in the network

# Provider Workforce and Staffing Project Outcomes

## - Average Hourly Wage



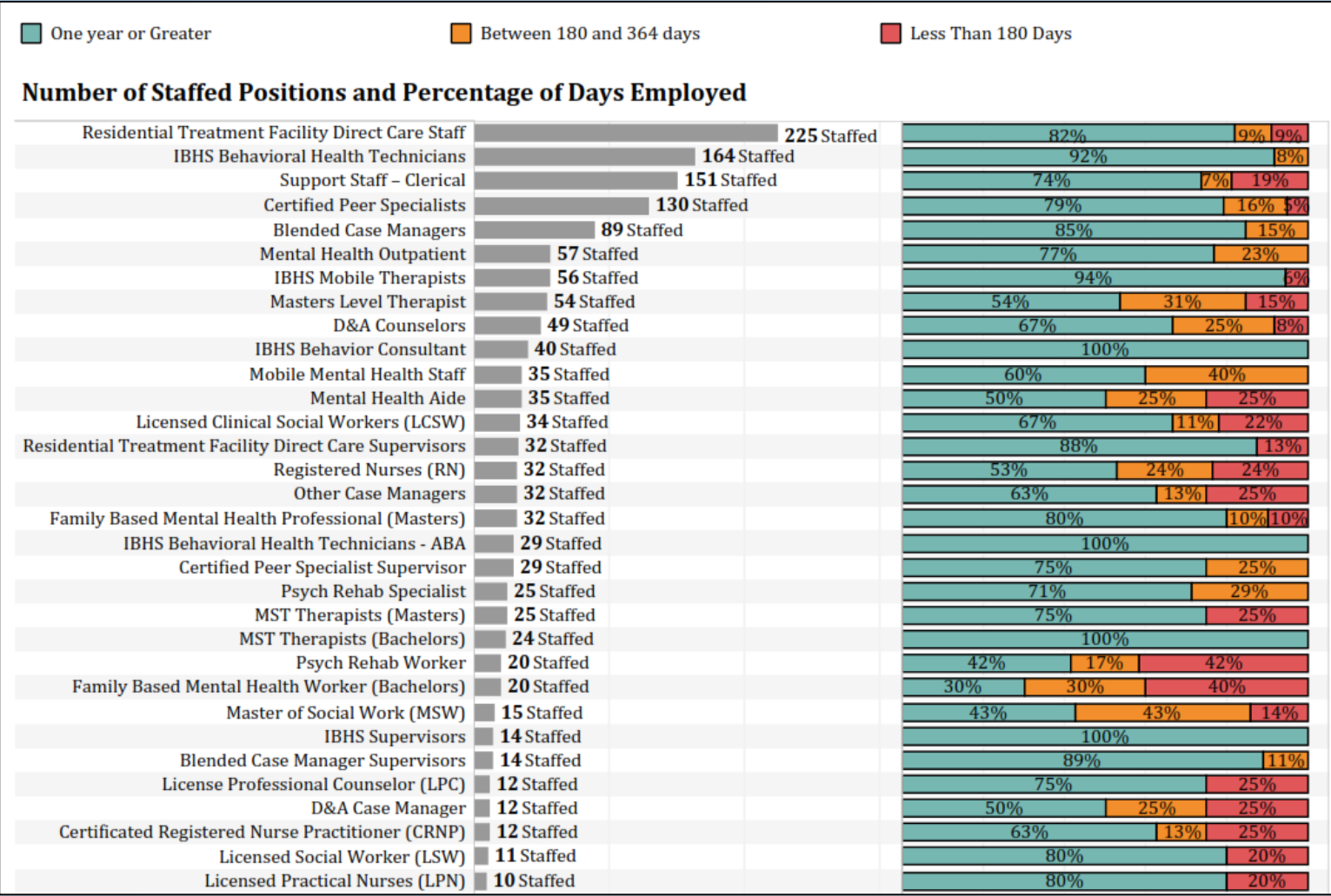
Electricians	\$35.36
First-Line Supervisors of Production and Operating Workers	\$33.05
Human Resources Specialists	\$33.02
Market Research Analysts and Marketing Specialists	\$32.01
Educational Instruction and Library Occupations	\$31.75
Sales Representatives of Services, Except Advertising, Insura..	\$31.46
First-Line Supervisors of Office and Administrative Support ..	\$30.77
Computer User Support Specialists	\$29.43
First-Line Supervisors of Transportation and Material Movin..	\$29.10
Construction and Extraction Occupations	\$28.74
Arts, Design, Entertainment, Sports, and Media Occupations	\$28.57
Operating Engineers and Other Construction Equipment Ope..	\$28.03
Carpenters	\$26.64
Installation, Maintenance, and Repair Occupations	\$26.48
Licensed Practical and Licensed Vocational Nurses	\$26.21
Heavy and Tractor-Trailer Truck Drivers	\$25.80
Protective Service Occupations	\$25.42
Community and Social Service Occupations	\$24.99
Substance Abuse, Behavioral Disorder, and Mental Health Co..	\$24.83

- Average hourly wage can be benchmarked against other data sources such as the US Bureau of Labor Statistics average hourly wage for Pennsylvania workers as of May 2022.



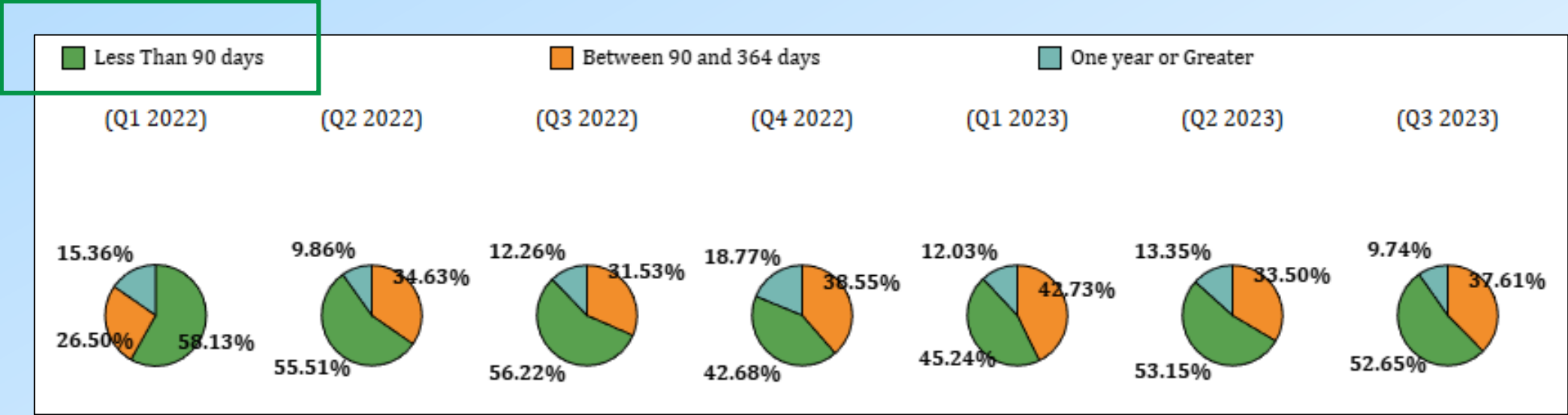
# Provider Workforce and Staffing Project Outcomes - Longevity

- In many job classifications staff have been employed for one year or greater though some have less than 60% of positions have been staffed for one year or greater.



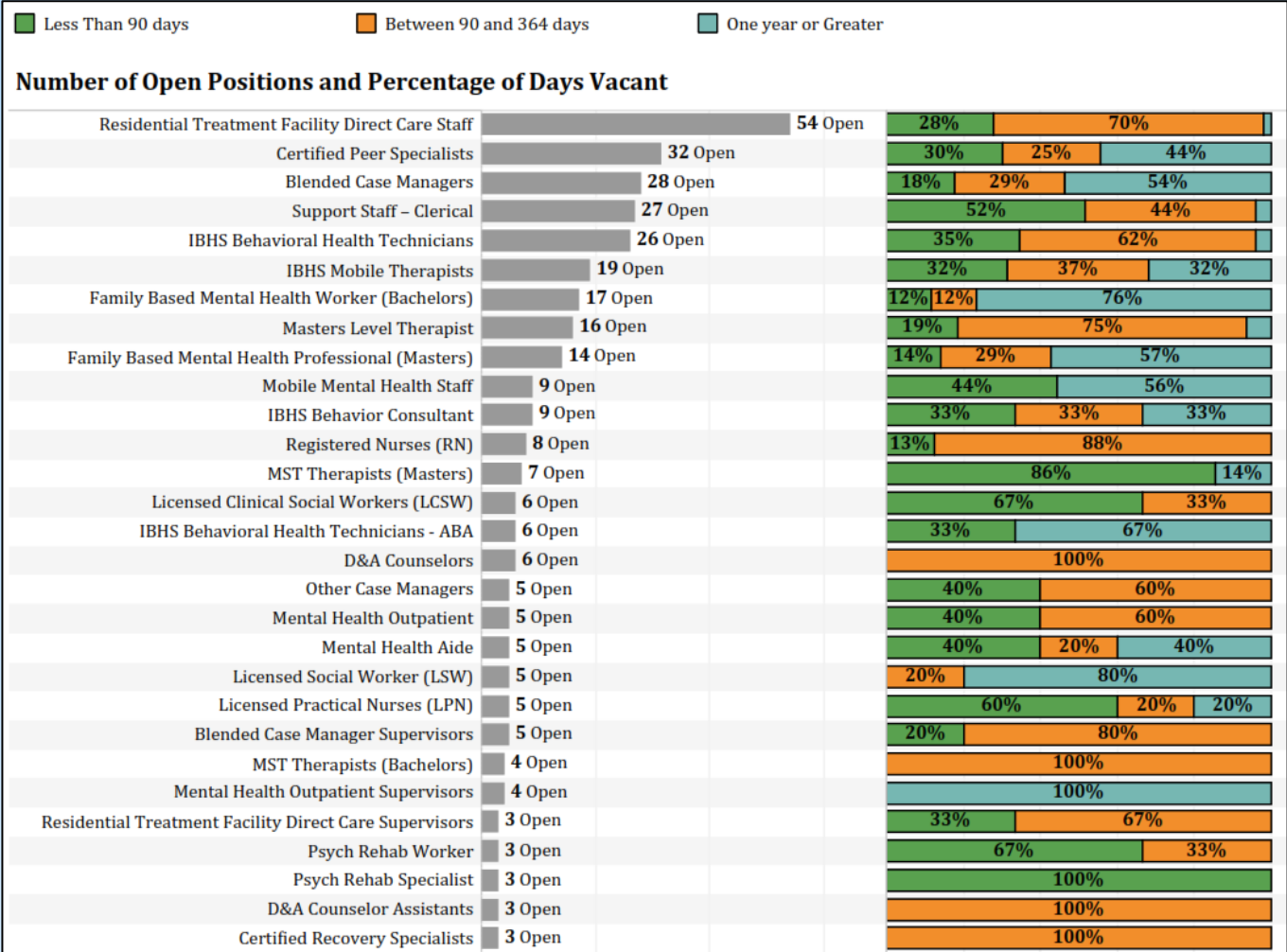
# Provider Workforce and Staffing Project Outcomes – Recruitment Time

- Positions have been open for extended periods of time.
- In 4<sup>th</sup> Quarter 2022 and 1<sup>st</sup> Quarter 2023 less than 50% of all open positions were open for 90 days or less.



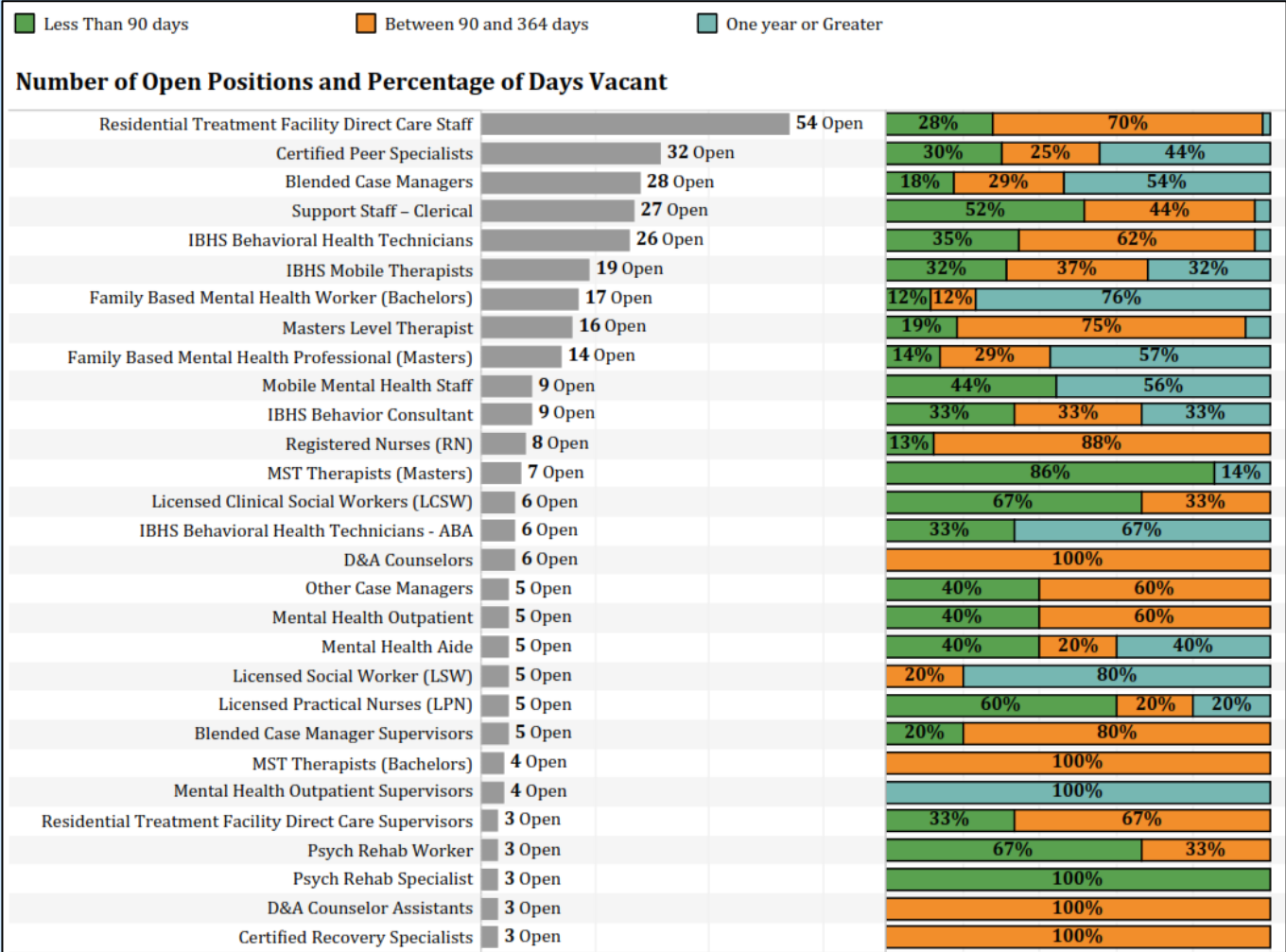
# Provider Workforce and Staffing Project Outcomes – Recruitment Time

- In many job classifications positions have been open for extended periods of time.



# Provider Workforce and Staffing Project Outcomes – Recruitment Time

- In many job classifications positions have been open for extended periods of time.



Thank you!

[www.bharp.org](http://www.bharp.org)

[theruraldifference@bharp.org](mailto:theruraldifference@bharp.org)

