

CFHS  
Consulting For Human Services



# The Top 10 Things on the Minds of Behavioral Health Leaders

Hosted by Stacy DiStefano, CEO, Consulting for Human Services

March 2023



## **No. 10 – Board Management**

"It's hard enough for our exec team to stay on top of all the changes and challenges since COVID, it's a heavy lift to keep our board up to speed without sounding the alarm every month."

---

"Most of our members have been around for 15+ years. We are a much different organization today and it's frustrating to feel trapped by old thinking."

---

"Getting my Board to understand and accept that M&A is happening at a rapid pace all around us and we need to invest in growth."





## **No. 9 – Training Needs**

"Lack of access to affordable but relevant learning and development platforms. Many, such as Relias, are outdated and/or lack sufficient new trainings people find useful. The makeup of a client is different post-pandemic, and we are left with outdated training."

"Supervision is hard to provide to grow the next generation of clinicians. If we are using our licensed staff to supervise, then we are losing out on billable units they could be providing during that time"

"I'm trying to find a more structured and practical way to provide managers and mid level directors the business concepts and tools they need to learn. Our organization is filled with great clinicians that have no formal business training. Anyone who has all the skills we lose to a PE provider because they can pay more and have the data tools we can't afford."





## **No. 9 – Training Needs (cont.)**

“One theme that comes up is managing millennials/gen z. Sounds like ok - so what?! Well - I'm very comfortable with these age groups and some folks are NOT and make no bones about it. Someone said to me "What the heck do i do if my employee needs to take a mental health day? or a self-awareness vacation for 10 days" "I just don't get it!!!" - and my response is always - practically speaking you need redundancy on your team w/ a fast follow of - this is a GOOD thing! how past generations must "suck it up" "no pain no gain" does not really work anymore and not sustainable culture for the long term/future. There is a quandary for different generations and clearly younger employees need this time b/c of their personal history/culture.”





## No. 8 – Regulatory Issues

“I’ve been researching care systems globally. There appears to be so many more unproductive rules and bureaucracies in our country versus others. Our quality and cost as a health system underperforms all other highly developed countries in the world. Are we really helping people get better?”

---

“Regs and compliance haven’t modernized with a post-COVID service reality. What made sense (or more realistically, what we as providers could live with) 20 years ago is not practical nor efficient today.”

---

“The rollback of any telehealth flexibilities in SUD is a huge step backward.”

---

“Navigating multiple MCOs and competing priorities of DHS is a full-time job.”

---

“Regs need to be revised to include more SDoH flexibility and payment.”





## **No. 7 – Housing**

“Our government does not understand that the patient population that we are treating have housing issues that keep them from any chance of recovery. The opioid settlement funding should be going into assisting with housing for early recovery.”

---

“Housing in general is such an issue right now but it’s at crisis point not only for our consumers but for our staff. Even staff who earn close to six figures can’t afford to buy and we are reinforcing more generational poverty. I drive through Philadelphia and see empty lots all over West, North and South Philly. Most are right near a bus line. When are more of these going to be used to affordable housing? It’s so frustrating.”

---

“Affordable supportive housing. There are many, many people with behavioral health issues using high cost, inappropriate institutional care who want to move into a community setting but cannot because supportive housing is not available. This is especially true for people who need a Supportive Living Facility where there are long waiting lists. There does not appear to be a statewide strategy to solve the problem.”





## No. 6 – End of PHE

“The end of the PHE and the impact on the number of Medicaid enrollees.”

---

“We probably relied too heavily on COVID money but it was the lifeline. Our financial picture for this year and the near future is grim.”

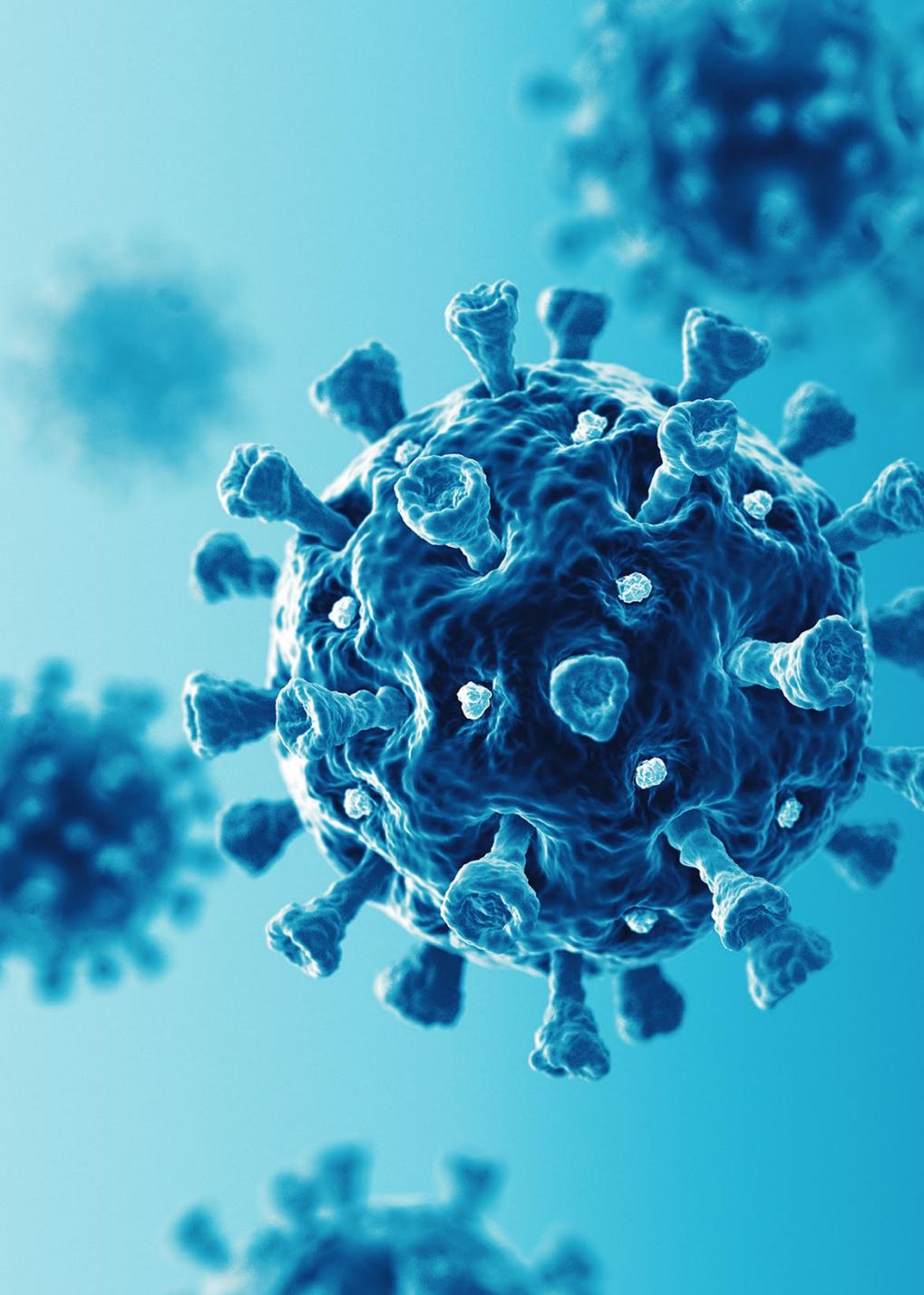
---

“Medicaid redeterminations will tighten Medicaid eligibility and yield temporary or permanent loss of Medicaid coverage for millions of Americans with SUD. Many individuals with SUD who rely upon Medicaid to access care will lose coverage, either temporarily or permanently. Sadly, this is the population that needs accessible, evidence-based care the most – it’s estimated that nearly 12% of Medicaid beneficiaries have a substance use disorder.”

---

“It’s nerve-wracking to anticipate what effect this will have on our outpatient services.”





## **No. 6 – End of PHE (cont.)**

“We fully support the concept of consumer choice, but being able to consolidate group home vacancies was what saved us financially and with staff shortages through the pandemic. The appendix K afforded us many work arounds that we need to continue. The PHE may be ending May 11, but for us its not over.”

“Where is the bandwidth and funding to process all these redeterminations? Will money to do that paperwork pulled from our program funds? Our system is overburdened with red tape as it is. I’d like to see the plan for this process.”





## **No. 5 – Technology**

“Almost every service in my life can be ordered on an app or delivered virtually, but that is not the case for most of the people we support. We need to find a way to close the technology gap in Medicaid services, and we can’t do that on the backs of providers getting already unsustainably low rates. CMS and states are going to have to address this quickly.”

---

“Cybersecurity—as we integrate multiple tech platforms in our businesses (HRIS, EMR, General Ledger, Time and Attendance, etc.), there are multiple points of failure/penetration. We are responsible for PII, PHI, etc. and when a vendor fails (see Kronos outage in late 2020), the business is exposed to liabilities that were never considered.”

---

“How can we find and scale tech-enabled services when reimbursements don’t seem to align, and npos are falling farther behind.”





## **No. 5 – Technology (cont.)**

“We need to better integrate with smartphones to bring more technology to the hands of our frontline staff to make jobs easier, tech has to be used on the phone, not a laptop or device. It seems like most of the so-called tech solutions are counterintuitive to our DSP workflows.”

“For Gen X like me, I get lost in the ocean of technology “solutions”. We are drowning in apps and dashboards and new ways to communicate on screens. I find many of those so-called solutions eat away at culture and we lose the “human” in human services.”

“Cybersecurity!”





## No. 4 – Funding

“Inadequate funding our programs which impact our ability to maintain and grow our workforce in order to meet the high MH and SUD demands. SO many people leaving the field. I worry about where we are now and where we will be in years to come.”

---

“Reimbursement Rates—payers are not in the mode of coming to providers and asking how they’re doing relative to rates and covering the cost to provide care. Having a solid strategy in place to routinely approach payers to seek increases in rates is essential but moving them is an entirely different issue.”

---

“How to effectively pursue and manage braided funding streams.”

---

“Value-Based Care is unattainable in Medicaid BH services and I’m frankly tired of hearing about it. There is no incentive on the provider side to participate.”





## **No. 4 – Funding (cont.)**

“Reimbursement. As wage inflation continues to skyrocket, the failure of rate adjustment by the MCOs is making it very difficult to run a for-profit company.”

---

“Our industry (IDD) is on the verge of collapse. Everyone is talking about it but no one is talking about it if that makes sense. The obstacles are crushing providers and it can’t last.”

---

“Cash management is tough these days.”

---

“Rate-setting practices need a complete overhaul. If we were starting from scratch as a new business, we would never accept the majority of contract we currently have. We feel stuck because we are a safety net provider, but no other sector in the world could operate under the conditions we have to deal with.”





## No. 3 – Sustainability

“With the economic challenges our country is dealing with, I truly wonder how organizations like ours will be sustainable in the long run.”

“Our growth - We know mid-size non-profits simply cannot compete without scale in today’s complex business environment. The trick is to create meaningful growth pursuits without losing sight of your core business or overextending yourself.”

“The mergers happening all around us. I worry about where we will be in 5 years.”

“Getting my board to understand that we need to look at merging into a larger organizations. We are too small to acquire and we are too important to our community to fail, but our board is made up of long time members who are hangin on to history. It will sink us.”





## No. 3 – Sustainability (cont.)

“The impact of all the digital providers and fortune 500s like Amazon and CVS providing primary care and now BH services. When I think about how much sense retail point of care makes, I worry how that will force us to shift our business models. We don’t have the money or the leadership depth to reinvent ourselves.”

“I heard a recent conference presenter say “you have to be big enough to be viewed as essential by your payors,” and that stuck with me. Our state landscape consists of a hundred small providers. Not of them alone are essential, but as a network we are. I see private equity groups acquiring to create those networks all around us, but nonprofits seem to be reluctant. I worry we will be squeezed out at some point if we don’t join together too.”





## No. 2 – Strategy

“Sustainability of LTSS services as they are designed and offered today (expensive and many, many people need services that are not available to them at this time).

---

We can't move forward with yesterday's thinking around how we deliver services. I wish there was a safe and open discussion among Exec teams on this, but we are all too proud or too afraid to speak candidly about the state of our industry.”

---

“The drastic variations state by state regarding behavioral health crisis services, the near impossible challenges of a multi-state organization with no national consistency in rates, service delivery regs, and funding mechanisms.”

---

“It's nearly impossible to be innovative. We spend most weeks just trying to keep the wheels on the bus.”

---

“The amount of planning and high-level strategy is so hard to get to because of the tyranny of the urgent – which limits capacity.”





## No. 2 – Strategy (cont.)

“The trends and direction of the industry - knowing and understanding those trends is much simpler than ensuring readiness of those things. Are we tackling the right things, are we moving forward in the right direction.”

---

“Overcoming the noise of point solution fatigue. Getting the attention of clients on the benefits of the solution against the backdrop of them and the market being inundated with point solutions, many of which historically have been losing money or showing poor outcomes and results. These things tend to go in cycles, but current market sentiment is on the down cycle, alongside inflationary pressures and many redundancies, especially in some of the tech sectors making it hard for them to justify upfront spend on new health solutions.”

---

“It’s daunting to think about planning for the future when everything feels on fire today. I have this discussion often with some close colleagues and we all feel like we’re barely hanging on.”





## No. 1 – Workforce Crisis

“The highest level of turnover I've experienced in 35+ years doing this work, which has a significant impact on quality of life for the people we serve.”

---

“Our people – as a provider of behavioral health services, I spend many nights fretting about how difficult it is for our frontline to deliver services in this environment. Society may think being an executive is hard, but it truly pales in comparison to caregiver’s responsibilities.”

---

“The mental health of our teams.”

---

“Lack of workforce at all levels from direct care staff, nurses, social workers and teachers. This prevents growth and limits services to people who need it; Solutions: We need a work visa immigration program paid for by sponsoring companies.”

---

“Employees, the numbers that are needed and the different skill sets that those employees need to be successful in new models of care and support.”





## **No. 1 – Workforce Crisis (cont.)**

“Workforce Availability—The pandemic created unprecedented competition for qualified professionals to deliver care. Oftentimes, the differentiator for the potential employee was who could pay better. Larger health systems are at a distinct advantage in this arms race. Those same systems have a distinct advantage relative to #1 above—they can pressure payers because if they go away who is going to serve the client/consumer?”

---

“From an operational perspective, recruitment. It is difficult to find the right talent especially on the commercial / sales side and balance between their pay and revenue they will generate both in short and midterm.”

---

“Quality of caregivers - with more and more caring for others at home, the quality of those we hire may not be as strong in the future...”





## **No. 1 – Workforce Crisis (cont.)**

“Burnout. As a leader, there seems to be no end to the challenges since COVID. I struggle to stay positive for my team. I don't have any more answers, and we aren't in an urban areas, so there is no one in the wings to take my place. I feel compelled to stay.”

---

“Leadership Talent Pool - always a concern in our industry.”

---

“Much like our congress, I'm concerned about the number of legacy C leaders clinging on to their roles, inflexible mindsets and no representation of diversity. Boards needs to do a better job of exiting leaders who have been in the roles for decades, and make room for the next generation of leaders who represent more diversity and modern thinking.”



C F H S

Consulting For Human Services



# How can we help?

Stacy DiStefano

Consulting For Human Services

Phone: (732) 267-8429

[Stacy.DiStefano@consultingfhs.com](mailto:Stacy.DiStefano@consultingfhs.com)

[www.ConsultingFHS.com](http://www.ConsultingFHS.com)

