



**TESTIMONY ON
MENTAL HEALTH FUNDING**

Presented to the House Human Services Committee

By
The County Commissioners Association of Pennsylvania

November 17, 2021

Good morning and thank you for the opportunity to submit testimony today. On behalf of the County Commissioners Association of Pennsylvania (CCAP), representing all 67 counties in the commonwealth, I write to convey the counties' experiences regarding the need for increased state funding to counties for the mental health community base.

Maintaining mental health is a crucial part of wellbeing and county-based community mental health programs play a vital role in supporting a healthy society. Counties are a key partner with the state in solving human services issues that we all face. Counties are required to provide certain services including crisis intervention, support for individuals leaving state facilities, treatment, community consultation and education, day services and prevention. As such, we seek the appropriate resources to address local needs, not only for the provision of state-mandated services for which counties are responsible, but also knowing what resources are necessary to succeed in the provision of those responsibilities. CCAP and counties have been conveying the importance of increasing funding for the mental health services counties provide to meet the needs of Pennsylvania's residents – so important, in fact, that our membership has continued to select mental health as one of our legislative priorities for the past few years.

Community-based mental health services—such as community residential programs, family-based support, outpatient care and crisis intervention—are critical to the well-being of our constituents and our communities. Funding levels for county mental health services have direct impacts on whether these important community and family supports will be available.

In all, county human services providers are obligated to deliver a variety of services within their communities that include ensuring responsible program planning, fiscal management and monitoring of mental health, intellectual disability and autism services. Within the realm of mental health and intellectual disabilities, counties provide facility and community-based service options for individuals with intellectual disabilities, autism and mental illness, including employment options, individualized care approaches and resources for families; early intervention services to children from birth to age three to reduce and aid developmental delays; programs and services designed to keep people in their home communities with their natural support systems; and assist individuals and their families in accessing the care they need through the Behavioral HealthChoices program, and more.

Due to the broad variety of responsibilities and the increasing demand of mental health needs in our society, counties are being asked to do more and more to serve their local citizens and we want to be good partners and providers for Pennsylvanians. Some of the most dire needs for increasing mental health base funding include: meeting increased demand for services, including those mandated by the state; ensuring providers have the resources to train staff in evidence-based practices; assisting with the retention and recruitment of qualified staff to provide services; increasing the core competencies and advanced competencies of staff to meet the increasingly complex situations supported in the community; meeting increasingly complex situations encountered in local communities; and ensuring counties have the administrative resources necessary to comply with evidence-based administrative tasks.

In January of 2015, Governor Wolf expanded Medicaid. The new benefit package extended health care treatment, both for physical health and behavioral health (PA's Behavioral HealthChoices Program) to almost three million individuals. The uninsured rate fell from 10.2% to the lowest rate on record, 5.5%, in 2017. Expanded Medicaid greatly improved access to mental health and substance use disorder treatment. However, Medicaid does not always cover the programs and supports required for sustained recovery, which enables individuals to live as contributing members of the community. Medicaid also does not support community engagement with schools, employers, correctional officers, and community organizations. County mental health community base funded by the commonwealth provides the supports and services that function as the glue, binding treatment and community supports together to ensure recovery and long-term health and wellbeing.

For too many years, state funding for county mental health services has lagged far behind needs, as we have watched appropriations stay stagnant or even decrease. Many counties appreciate the flexibility afforded by the Human Services Block Grant, but they have stretched that funding as far as possible. Some counties have been unable to afford provider rate increases since 2008, and, while Medicaid expansion has allowed increased access, now counties are faced with a funding crisis for basic services for a population that is not eligible for Medicaid and a need for community supports that are not covered by Medicaid. Yet, these services, for which only base funding can pay, provide significant support to people in our communities, mitigating incarceration and avoiding hospitalization.

In spite of this, counties continue to forge ahead – attempting keep up the same level of services while experiencing increasing demand within our communities. Increased demand coupled with increased costs and stagnant funding is causing stress on the system, leaving counties searching for creative solutions to help more people with fewer resources. Also, while need has exceeded funding for years, the unique set of stressors brought on by the COVID-19 public health emergency deeply exacerbated the existing problem, including isolation, economic and physical health concerns, and more. The pandemic will certainly impact the already-strained web of human services programming that makes up the fabric of our community safety net.

The Wolf Administration announced grant opportunities earlier this year to expand resources to recovery support services, in addition to prior efforts to address substance use disorder and mental health service expansion. While CCAP agrees that these efforts are essential, we also want to point out the critical importance of ensuring that base funding reaches a level high enough for counties to better meet current demand before attempting to add new programs and services to the already-stressed system. In short, sustaining the existing safety net will maximize local resources to help ensure that other areas of the support system are not unnecessarily stressed as well.

For the 2021 state budget, CCAP sought an increase of \$28 million to the mental health funding base line to shore up existing services and capacity needs. The goal of increased funding is to help counties ensure that the safety net of services already in place is strong and sustainable, prior to adding additional programs and services. However, only a nominal increase was

achieved, despite additional stress on the system due to both a surge of new mental health need caused by the pandemic as well as an influx of new patients who waited to seek care because of COVID-19. Additionally, counties seek a long-term commitment to investing in the mental health base over the coming years, recommending a minimum 3% annual increase, after an initial investment, to assist in both restoring prior cuts and to address increased need in our communities. We look to the General Assembly and administration to help ease the resultant burden on county budgets and local property taxpayers and ensure that there is a sustainable investment in the years ahead. Through these investments, we can better meet the needs of Pennsylvanians through preventative efforts and expanded programs.

In addition to the need for increased mental health base funding, for the past several years there has been a recurring threat to eliminate the successful Behavioral HealthChoices program, which would disrupt care and treatment for tens of thousands of Pennsylvanians and increase the cost of services. For the past 20 years, Behavioral HealthChoices has allowed each county the flexibility to deliver mental health and drug and alcohol services to individuals enrolled in Medicaid.

Counties have been able to coordinate and invest in those programs and services that meet local needs and challenges, and clients and their families have been highly satisfied with these local services. As such, it remains vital that the Behavioral HealthChoices program remain intact in its own right to preserve the care it provides to so many across the commonwealth. We believe counties have been strong partners and effective gatekeepers, striving to improve client outcomes by targeting resources that best match client and community need. Counties have also worked diligently with our state partners at the Department of Human Services and Department of Drug and Alcohol Programs to ensure client choice and the adequacy of the provider network.

We strive to continue our close ties with members of the General Assembly to achieve what we hope are common goals: prioritize the state-county partnership in service delivery to continue efforts to integrate services; achieve full and sustainable state and federal funding for behavioral health services at a level that responds to societal and economy-driven increases in caseloads; and preserve the Behavioral HealthChoices program so counties can continue providing local mental health services in the most effective way possible.

Thank you for your consideration of these comments. We would be pleased to follow up on any questions you may have.