



Revitalizing Pennsylvania's Mental Health Landscape: Strengthening Resources for Positive Change

mental health services in jails/corrections settings

transition programs blended case management

competitive workforce

decrease waitlists

expansion of personal care homes

trained mental health professionals, nurses, psychiatrists

crisis/forensic diversion programs

student assistance programs

crisis continuum expansion

crisis residential/diversion programs

men's shelter Long-Term Structure Residence/Residential Treatment Facility
(LTSR/RTF) programs

Community Mental Health Liaisons within our school districts

mobile crisis youth transitional age services
peer support homelessness services multi-lingual and cultural support programs family shelter

residential programs

transportation needs law employment programs

enforcement co-responder programs evidence-based program support

career and education supports

bridge housing **staffing/workforce**

outpatient care **walk-in crisis programs**

Assertive Community Treatment (ACT)

transitional residential service

Enhanced Supported Living Program (ESLP)

Due to years of underfunding, the commonwealth's mental health system is in crisis. Pennsylvania residents have waited long enough while the impacts of 16 years of not keeping pace with increases have unraveled the mental health system. It is a constant struggle to maintain community-based services such as outpatient treatment for adults and children, crisis intervention, school counselors, support for individuals leaving state facilities, treatment, community consultation and education, day services and prevention.

Increased support for the community mental health system improves outcomes for individuals, allowing for prevention and treatment where people need it most. This prevents more significant impacts like having to turn to emergency departments, helps to provide crucial support for children with complex behavioral health needs and begins to address the growing issue of county jails acting as de-facto mental health facilities. At the same time, improved care for Pennsylvania's residents can also provide cost-savings in communities and to the commonwealth budget.

URGENT ACTION NEEDED

The mental health system is on the point of collapse. Because state funding for mental health services has lagged actual need for so many years, more than \$1 billion in additional investments are now needed to fully support the community mental health system.

However, rebuilding this system will not happen overnight. Counties urge **a significant investment of \$250 million for county mental health services for FY 2024-2025, with a long-term plan of further increases over the next five to ten years** that can develop a strong system to benefit all Pennsylvania.

By investing these funds for county mental health services:

- Counties can support a broad-spectrum approach to addressing this crisis as they coordinate care that meets the diverse needs of all residents of their communities, rather than taking a piecemeal approach that will ultimately weaken the entire system.
- We can improve outcomes and maximize the opportunities for long-term success of our community-based behavioral health system.
- A strong state partnership will provide funding to meet the ever-increasing needs for these services, ultimately prevent more costly long-term impacts.

BACKGROUND

The mental health system that Pennsylvanians rely on has been neglected by the state government for more than a decade.

County mental health base funds are the most flexible dollars that counties receive. Counties use this money for education, prevention, and service provision specific to their unique local needs. Some examples of programs that may be funded this way include student assistance programs in schools, respite, hotlines, prevention, housing, community education and outreach, employment supports and other programs that are not covered under other insurance plans. In essence, mental health base funds provide for upfront prevention and supplemental services that are critical to ensuring the health and wellbeing of those in our communities.

Counties provide a wide range of life-sustaining services, including crisis intervention, and are responsive to address individualized needs. For example:

- Individuals leaving state corrections may be able to access necessary mental health treatment through medical assistance, but base funds can provide the necessary housing that will be critical to ensure individuals remain in treatment and conditions are not exacerbated by lack of basic needs.
- Patients with or without insurance can be discharged from already overcrowded emergency departments by securing a spot in a community-based step-down program.
- Children involved in the child welfare system can receive intensive in-school services to address behavioral challenges that otherwise may lead to suspension or expulsion and increased trauma.

We often hear about the significant cut to mental health funding in the FY 2012-2013 state budget, but even with the \$20 million investment made last year, few counties reported being able to do little more than keep up with their existing programming and maintain status quo. The results of the deprioritization of Pennsylvania's mental health safety net are felt across communities today, especially as mental health needs among Pennsylvanians continue to rise at alarming rates.

Time is of the essence – our decisions today will impact generations to come. While local communities and providers have come together to sustain the safety net and serve those who need it most, the demand for service far outweighs capacity. This is being actualized in significant harms across other systems. There are increased emergency department wait times as individuals seek treatment without knowing where else to go. Students are having trouble accessing appropriate services, creating issues within our school and children and youth systems. Law enforcement is being called to respond to more crisis calls and suicide rates have tragically increased.

All of these outcomes are the results of historic underfunding of the system that puts in place measures to prevent and support those individuals before issues rise to crisis level. An investment in community-based mental health services is an investment in Pennsylvania's communities, our first responders, local governments, medical providers and overall wellbeing.

THE NEED: FUNDING, CRISIS SERVICES, AND COORDINATION

The Need: Funding for Community-Based Services

A significant investment is needed to stabilize and rebuild the mental health system that Pennsylvania's families and communities deserve. The severe underfunding has shifted burden onto more restrictive and expensive settings, such as emergency departments and prisons, that are less equipped to handle intensive behavioral health needs. **Simply put, taxpayers dollars are paying for Pennsylvanians to get inadequate care.**

The number of inpatient beds in both private and state hospitals has decreased over the last 25 years, yet no new base dollars have been allocated to assist with the development of programs to care for individuals in the community. Counties report that they are struggling to maintain residential and vocational services, with many closing residential beds altogether; some counties are experiencing nearly yearlong waitlists for residential and supportive housing. Other counties report being unable to target specialized residential needs for youth and the elderly. Similarly, recidivism rates are impacted by the lack of community-based services for formerly incarcerated individuals.

Sadly, adults are not alone in their challenges to find services. Families are forced to wait months for children's intensive behavioral health services while facing the daily stress of in-school behavioral challenges, and schools are severely limited in referral options for teens struggling with depression or suicidal thoughts.

Mobile support services, warline phone numbers to have someone to talk to for support during hard times, housing options and clubhouse programs that provide community and support for individuals – the list of services available in Pennsylvania continues to decrease as resources simply are not available.

The Need: Crisis Services

Mental health issues affect individuals of all demographics and backgrounds, transcending age, gender, ethnicity, and socioeconomic status. However, access to timely and effective mental health care remains a significant challenge for many Pennsylvanians, particularly during moments of crisis. Thus, it is imperative for the legislature to support counties with adequate funding to address critical services such as crisis response. Responses from our recent survey show that Pennsylvania faces a pressing need to invest in crisis services. Nearly all counties who responded to our survey listed crisis services as a top priority and would develop new or enhance existing crisis programs if counties received increased mental health funding this year. All counties that responded to the survey also noted that they expend significant base funds on crisis services, including one county that reported they expend nearly 50% of their base funds on crisis alone.

By investing in county mental health crisis services, the legislature can ensure that individuals in distress receive timely intervention and support, potentially preventing tragedies and saving lives. Counties have reported that wait times for services vary from county to county, some taking a few days and others reporting wait times as long as six to eight months to receive services. In a moment of crisis, when seconds matter, Pennsylvanians can't afford to wait weeks or months for the necessary support and services to help them through that moment of crisis.

Investing in county mental health crisis services is not only a moral imperative to ensure the well-being of all Pennsylvanians but also a strategic investment in public health, safety, and fiscal responsibility. By prioritizing mental health crisis services at the county level, the state legislature can improve access to timely and effective care, alleviate strain on emergency departments and law enforcement agencies, and ultimately enhance the overall health and resilience of Pennsylvania communities.

The Need: Coordination with School-Based Services

In the past few state budget cycles, there have been significant investments made in school-based mental health, providing hundreds of millions of dollars in funding to address school-aged behavioral health and safety issues. The Governor's FY 2024-2025 budget proposal is no different, proposing \$100 million dedicated to school based mental health. While counties agree we must be investing in the behavioral health needs of our children and youth, providing money directly to schools for mental health services without supporting the broader community-based service spectrum will not provide Pennsylvania's youth with the holistic mental health services after the bell rings. In fact, counties believe the drastic increase in children with complex behavioral health needs can be partially attributed to drastic cuts and underfunding of our community-based mental health system.

Counties have noted that focusing resources solely on schools has had the effect of undermining the entire mental health system. There are a limited number of providers to do this work. With resources available only from the schools, there are few providers left in the community system to take referrals outside the school system. Many counties are worried about the upcoming summer break when children will continue to need services even while schools are not open. Increased funding is best leveraged with a coordinated, rather than a piecemeal, approach, and we must break down the barriers to this critical coordination.

Examples of County/School Coordination

- Behavioral HealthChoices Managed Care Organizations (BH-MCOs) are present in the majority of schools across the state through various outreach programs
- In one county, the County Office of Behavioral Health assigns school-based liaisons to provide support to educators navigating the mental health system in addition to creating and mediating partnerships between mental health providers and school districts
- Counties administer the Student Assistance Programs (SAP) in schools, to identify academic, social, attendance, substance use, mental health, and other concerns that pose a barrier to student success
- SAP's school-based liaisons work collaboratively with the schools to identify tertiary support services such as violence intervention programs, anti-stigma campaigns, and other community partnerships
- Through HealthChoices, some schools have made the transition to operate as Outpatient Mental Health clinics, providing intensive behavioral health services to children and their families after school hours
- Schools contract with county-based emotional support services to offer social emotional learning platforms, wellness resources, and weekly self-assessments to schools
- Additionally, schools contract with counties to have school-based therapist and psychiatrists
- Supportive county programming, such as psycho-social rehabilitation, community school based behavioral health, mental health first aide, crisis services and emergency response are utilized in schools
- In addition, county youth programs, such as Youth Ambassador Programs and youth mental health awareness programs are operating in public and non-public schools
- In some counties, schools rely heavily on the partnership with county human services to provide mental health programming and services along with providing funding to implement and sustain initiatives.

Coordination between counties and schools will ensure the system of care is built and supports children and families inside and outside of the classroom with available community-based services. With proper funding and coordination to ensure the community-based supports are available to complement any in-school programs, Pennsylvania will be able to move closer to a comprehensive continuum of mental health services that can meet the ever-growing needs of our families and communities. Help address the complex behavioral health needs of our youth by targeting a strategic annual investment of state dollars into county mental health services outcomes for children and youth and their communities.

CRITICAL INVESTMENTS FOR FY 2024-2025 AND BEYOND

Pennsylvania has an historic opportunity to take the bold steps needed to begin reversing years of underfunding and to provide coordinated care that will lead to more effective outcomes. Sustained funding for county mental health base funds would reestablish Pennsylvania's mental health system where it belongs – in the community.

Counties are in need of more than \$1 billion in additional mental health base funds to fully support the exponential growth of behavioral health needs in our communities.¹ This increase accounts for a restoration of the cut from a decade ago, provides increases for inflation across the past 15 years, addresses the significant residential waiting list needs, and invests in the staffing needed to provide case management for cases that have multiplied in both number and complexity.

¹ Calculated based upon data received from surveyed counties.

We recognize, however, that it will take time to rebuild Pennsylvania's mental health infrastructure and create long-term sustainability; this will not happen overnight, or in a year or even two. Counties call for a multi-phased approach that builds over time to address multi-system problems, with the first phase to increase county funds by \$550 million over four years.

Phase 1: Begin to address the shortfall, rebuild a workforce to properly address community needs, and increase available services statewide, as we plan toward a system that can fully support the commonwealth's mental health needs. It is critical that lawmakers begin to address the significant underfunding of behavioral health by making a sizeable investment this year with a commitment to grow that investment over the next several years.

For FY 2024-2025

To build from last year's \$20 million increase for county mental health services, counties are seeking a \$250 million increase in state funding for county mental health services for FY2024-2025 – to fully appreciate the scope of the immediate needs that this funding could address, please see the section on how base funding increases can be used beginning on page 6.

FY 2025-2026 through FY 2027-2028

- Continue to build on the initial \$250 million investment by \$100 million per year over the next 3 years, bringing the total investment through 2027-2028 to \$550 million.

Phase 2: Develop a long-term plan that will continue to increase funding to build a mental health system that can fully support Pennsylvania's mental health needs.

Phase 1 represents the significant and necessary resources to begin repairing our mental health infrastructure. However, the true need is much greater, representing more than \$1 billion in additional funds in FY 2024-2025. During Phase 1, we must continue to look forward with an eye toward long-term sustainability, continuing to invest in the programs and services that prevent more serious and costly impacts to individuals and communities.

HOW BASE FUND INCREASES CAN BE USED

Counties currently administer direct services to support their community's mental health system. Thanks to the flexibility of the county mental health base funding allocated by the state, counties have been able to continue to serve their residents but are stretching ever more limited state funding to its breaking point. With additional state funding for the county mental health services, counties would be able to better and more fully address specific needs such as children's mental health and older adult mental health, crisis intervention and capacity, peer supports and other diversion services. 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. These innovations include building family-based intervention programs, crisis response, law enforcement ride along programs, school partnership services and overall general mental health prevention capacity to reduce the number of individuals seeking treatment in emergency departments.

County mental health administrators were recently surveyed about how they would use an increase in base funds if achieved. Their responses, provided below, reflect the chronic, diverse and growing needs across Pennsylvania, and the need for flexibility and coordinated care:

Rebuilding the "infrastructure" of community services and programs:

- We have significant wait times for MH counseling and Psychiatric services in our area and additional funding would be used to reduce these wait times (as long as six months for some services).
- Stabilizing existing infrastructure by backfilling the deficit as a first step
- Develop more mobile treatment programs
- Fully support our base service units
- Increase outreach and service to senior citizens
- Develop more administrative case management or community health worker programs
- Bring the county base funded treatment rates into alignment with the HealthChoices rates for outpatient, case management, peer support, ACT, psych rehab
- Pay for more individuals in high-levels of care—Extended Acute Care inpatient hospital (EAC) and Residential Treatment Facility for Adults (RTFA)
- Improve data collection and data security
- Increase funding for prevention programs
- Build upon existing services where more capacity is needed.
- Create an Assertive Community Treatment (ACT) multi-disciplinary treatment team
- The increase in funding would allow us to base fund higher cost services such as ACT that we are unable to fund now.
- Expand county funded community-based services such as mobile meds and Assertive Community Treatment programs.
- Increase funding for mental health services providers
- Allow for innovative new approaches to be taken to address community need including an updated drop-in center for families
- Develop a peer warm line, peer engagement and response in services.
- Continue expanding and providing all the required services that will be in demand for base payment due to the loss in expanded MA.

Crisis services:

- As a county developing an Emergency Behavioral Health Crisis Walk in Center, we will need additional base dollars to sustain this new critical program.
- We would use this funding to continue to fund the crisis expansion that we have implemented and continue to implement. We have one Emergency Behavioral Health Walk-In Center in a County our joinder serves and are in the process of opening a regional Emergency Behavioral Health Walk-In Center in collaboration with another County.
- We have expanded Mobile Crisis in our joinder counties and these programs struggle to attract staff. Once the grant funding is utilized, these programs will be at risk financially. We would like to develop a Walk-in center in our largest joinder County.
- We would be able to adequately fund the crisis walk in center.
- Ensure the viability of the planned Crisis Walk in Center
- Continue to build capacity/decrease response time of Mobile Crisis Provider
- Add services such as mobile crisis, crisis stabilization unit, partial hospitalization program (for both children and adults)
- Fund the mandated Crisis Intervention Services, which are estimated at \$2 Million minimum
- Start new programming for crisis stabilization.
- Expand and implement crisis prevention and response programs: including Informal Mental Health Supports, Law Enforcement Assisted Diversion (LEAD), Alternative Response, and Peer Respite.
- Meet the SAMSA guidelines for crisis services.
- Increased mobile crisis response to include increased partnerships/response with law enforcement, proactive outreach to community and schools.
- Expansion of Crisis and Mobile Crisis
- Expansion of our capacity to respond to critical incidents and county disasters, and collaboration with the first responder community
- Crisis respite
- Crisis Assessment/Stabilization Center and Forensic programs.
- We had explored crisis stabilization services over the past two years but based on cost projections from the provider for operating the service, we could not move forward as the costs were far beyond what our allocation can support. While HealthChoices could ease some of this burden, we find only about 50% of individuals utilizing crisis intervention services are covered by Medicaid. Medicare, commercial insured or uninsured receiving these services need to be covered by base dollars.

Justice-involved populations:

- Expand our activities in partnering with law enforcement, courts, and the justice system in general.
- Mental Health Court
- We would offer mental health treatment services within our county jail.
- Services for un- and under-insured populations, like individuals in jail re-entering the community after incarceration.
- Expand reentry services to reduce recidivism: we work to prevent incarceration and other coercive system involvement due to unmet behavioral health and human service needs.
- We would recruit a residential provider to support persons with mental illnesses who are engaged in the forensic system. The program could provide competency restoration services as well as mental health treatment. We would imagine the treatment would exceed the standard of care exhibited in the jail, and the residence would be more therapeutic than incarceration.

Serving Youth:

- There is an increased wait time for Intensive Behavioral Health Support services for youth aged 0-17
- The plan identifies the need for more summer programming for youth with behavioral and mental health struggles.
- Services for transition age youth
- We would like to increase our Student Assistance Programs with Schools to provide more prevention activities and programming in school for youth who do not have Medicaid.
- Fund school-based therapy for kids that don't have Medicaid.
- Increase funding for Student Assistance Programs
- Add transitional housing and supports for adolescents
- Student assistance and other school-based programs that aim to remove mental health and substance use problems as barriers to learning.
- Provide increased school-based services to address the needs of the youth
- Expansion of school Mental Health/Student Assistance Programs
- Step down services for children leaving RTF is another area where we need resources.
- Crisis services for children

Staff recruitment/retention (county and providers):

- We would reduce the employee portion of the cost of health care. The high cost is often cited as a reason people do not accept positions with our agency and why people leave.
- Increase direct support professional wages,
- Provide rate increases to all providers to include staff wage increases.
- Match rate increases enacted by Community Care Behavioral Health: Behavioral Health Managed Care Organization increased rates for crucial mental health services including partial hospitalization, targeted case management and Assertive Community Treatment (ACT) and Community Treatment Team (CTT) programs. Base funding is used to cover these services for residents who are uninsured or underinsured. Matching the rate increases for these services promotes equity and supports workforce development by ensuring providers have sustainable funding to pay their staff at standards appropriate with the local cost of living. In general, we would utilize any additional base funding to support providers in paying staff a living wage.
- Raise the rates of residential programs to support increased quality staffing which will allow these programs to better serve individuals with very complex presentations.
- The trickle-down effect of operating off a 10% cut in FY 2012/2013, is that wages for staff in our system are not competitive with different industries and in some cases are not considered a livable wage. \$250 million in County Base would be a tremendously helpful start to offering providers increased funds, to increase pay for staff throughout the system of care. Simultaneously, since 2013 there has been a 30% increase in inflation, so any increase in County Base funds would help offset the current cost of doing business.

Transportation

- The annual Human Services Block grant identified the need for more transportation throughout the rural parts of the county.
- We could develop new transportation programs
- Add transportation services

Supportive Housing

- Our annual plan identifies a need for housing with staff support
- We would use this funding to expand adult residential services with permanent supportive housing options
- Provide more housing subsidies and supports
- Start-up new Housing Programs (especially Enhanced Personal Care Home)
- Our county is in need of additional beds at Community Residential Rehabilitation facilities (CRRs), enhanced personal care homes and forensic services.
- County base funding covers critical services not covered by Medicaid and insurance such as housing supports and residential programs for people with serious mental illness
- Increase housing capacity for people with behavioral health needs: we provide housing and supportive services to people with mental illness and/or co-occurring substance use disorders, leveraging county base and federal HUD funding. Still, both mental health residential programs are characterized by long waits and insufficient resources to meet demand.
- Bring back diversionary residential treatment /housing to divert and step down from higher levels of care.
- Transitional age youth housing
- Enhance homeless sheltering for individuals with identified behavioral health issues.
- Expansion of Long-Term Structured Residences (LTSR) capacity by 16 beds.
- LTSR services for individuals that we are attempting to divert or step down from forensic or civil state hospital placement.
- Develop additional residential programs for individuals with serious mental illnesses as we have very limited availability.