

# The Mental Health Safety Net Coalition



## Coalition for the Mental Health (MH) Safety Net FY 2023/24 Budget | State-Funded County MH Services

**Issue:** County community mental health services are facing a crisis. The Commonwealth has not invested new funding in these services in over a decade. While this crisis has been building over the years, the COVID-19 pandemic has served to accelerate and deepen the impact of inadequate funding. The Coalition urges the General Assembly to immediately take action to authorize expenditure of the \$100 million already allocated for adult mental health services in the current fiscal year. In addition, the Coalition urges Governor Shapiro and the General Assembly to work together to make a comparable commitment to community mental health services for the upcoming FY 2023/24 budget. In addition to investments in new services, the process of rebuilding and stabilizing community mental health services will require a sustained effort. We urge consideration of a multiyear commitment to mental health services for adult as well as child/adolescent mental health services which provides predictable funding and annual adjustment for inflation.

**Background:** In 1966, the General Assembly passed the Community Mental Health and Intellectual Disabilities Act in response to the 1963 Federal Community Mental Health Centers Act. The intent was to create a county administered community mental health service system to care for the most vulnerable and neediest Pennsylvanians.

**County Role:** Under the Commonwealth's state-governed and county-administered mental health system, counties are responsible for:

- Clinical and Supportive Services to uninsured individuals, including efforts to engage and enroll people with mental illness to gain insurance coverage;
- Services and Supports not covered by Medicaid, Medicare, and/or private insurance such as residential programs, supportive and supported housing, employment services, case management, and psychiatric rehabilitation; and
- Essential services such as crisis intervention and aftercare upon discharge from an institution.

State-funded, community-based mental health services often address social determinants of health that are critical to optimizing the effectiveness of the clinical services and the outcomes for individuals receiving services. For example, people with a mental illness who do not have stable housing often fail to effectively adhere to treatment, require crisis intervention, ultimately cost more money, and often have poorer outcomes than comparable individuals with stable housing. For most counties, supportive housing/residential services is the largest single expenditure.

**State Funds for Community MH Services:** Since 2009, state funding has remained flat. All agree that level funding, coupled with just the impact of normal inflation, is having a devastating impact on the ability of counties to sustain these services. Leaving aside the 10% cut in 2012, level funding over the past decade translates into a funding reduction of over 25% (National CPI, not compounded). The lack of adequate funding for community mental health services has been documented by numerous studies, committee hearings, and multiple Joint Legislative Budget and Finance Committee reports. Ongoing demand for mental health services is also growing significantly due to the COVID-19 pandemic.

Alliance of Community Service Providers  
Brook Glen Behavioral Hospital  
Clarion Psychiatric Center  
Community Services Group  
Conference of Allegheny Providers (CAP)  
Fairmount Behavioral Health System  
Family Training and Advocacy Center (FTAC)  
Foundations Behavioral Health  
Friends Hospital  
Horsham Clinic  
Keystone Center  
Keystone National Alliance for the Mentally III (NAMI)  
Lancaster Behavioral Health Hospital  
MAX Association  
Meadows Psychiatric Center  
Mental Health America of Southwestern PA  
Mental Health Association of PA (MHA)  
Mental Health Partnerships  
Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS)  
Pennsylvania Council of Children, Youth & Family Services (PCCYFS)  
Pennsylvania Mental Health Consumer Association (PMHCA)  
Pennsylvania Psychiatric Leadership Council (PPLC)  
Rehabilitation and Community Providers Association (RCPA)  
The Roxbury Treatment Center  
Treatment Advocacy Center

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**Consequences — Lack of Sustainable Funding:** For Pennsylvanians with a mental illness, the impact of the county funding shortfalls are already evident with shortages of key mental health professionals, chronic underpayment of mental health providers, reductions/closures in mental health residential programs and supportive services such as employment and psychiatric rehabilitation services, uneven crisis response services, closure of outpatient programs, and the continuing criminalization of mental illness.

Lack of adequate investment in county-based community mental health services is perpetuating a human and systemic crisis that has led to inconsistent and varied access to mental health services across the counties. All too often, the system only responds to persons in crisis when it is too late, which results in much higher costs in other service systems. Homelessness, incarceration, emergency room visits, and inpatient care are some examples.

This multi-faceted crisis has a tremendous cost in both human and fiscal terms, including:

- Medicaid “Super Utilizers”: A Lancaster County study determined that 80% of the people using services at a higher volume than others had a co-occurring mental health/behavioral health diagnosis;
- Homelessness: Approximately 26% (2010 figure) of the homeless population has serious mental illness;
- Law Enforcement: Approximately 20% of the 25,000 individuals arrested per month in the Commonwealth have a mental illness.
  - An example: Reducing the number of people with mental illness being arrested by 50% would reduce law enforcement processing costs by approximately \$75 million.
  - An example: People with mental illness are 16 times more likely to die in an encounter with police. According to national estimates, approximately 10% of police departments’ overall budgets are spent on responding to or transporting individuals with mental illness.
- Corrections: As one Senator said during a budget hearing, “The largest single provider of mental health services in the Commonwealth is the Department of Corrections,” with between 20–30% of inmates receiving mental health treatment and an even higher percentage of people in county jails having mental health issues. People with a mental illness in jails are more expensive, more prone to violence/victimization, and more likely to have poorer clinical outcomes.

These are just a few of the other systems and budgets that are adversely impacted by the failure to invest in county-based community mental health services.

**Again we urge you to release the \$100 million for adult mental health services in the current fiscal year and communicate the need to support county-based mental health funding in the FY 2023/24 budget to the Governor and your legislative leaders. The mental health system is in crisis... the status quo is not sustainable.**

Sincerely,

**The Mental Health Safety Net Coalition**