

# The Mental Health Safety Net Coalition



Alliance of Community Service Providers

Brook Glen Behavioral Hospital

Clarion Psychiatric Center

Conference of Allegheny Providers (CAP)

Fairmount Behavioral Health System

Family Training and Advocacy Center (FTAC)

Foundations Behavioral Health

Friends Hospital

Horsham Clinic

Keystone Center

Lancaster Behavioral Health Hospital

MAX Association

Meadows Psychiatric Center

Mental Health Association of PA (MHA)

National Alliance for Mental Illness (NAMI) Keystone PA

PA Council of Children, Youth & Family Services (PCCYFS)

Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS)

Pennsylvania Mental Health Consumer Association (PMHCA)

Pennsylvania Psychiatric Leadership Council (PPLC)

Rehabilitation and Community Providers Association (RCPA)

The Roxbury Treatment Center

Treatment Advocacy Center

## Chronic Underfunding and Workforce Shortages Create a Mental Health Service Crisis

### Action:

**Support the Governor's proposed \$20M increase for county-funded mental health services and a multi-year commitment for further investment in these services as the starting point for the FY 2023/24 budget debate.** \$20M split among 67 counties is not enough to fully address the constellation of challenges facing the mental health system and the needs of Pennsylvanians; while this increase is appreciated, programs and services are still at risk of closure. **The status quo is not sustainable.**

### Why:

**The Commonwealth mental health care system needs adequate resources and a strong workforce to provide the right care, at the right time, and in the right place — whether in community clinics, residential programs, hospitals, or virtually by telehealth.**

- The pandemic has accelerated longstanding shortages of mental health professionals while simultaneously increasing the anxiety, stress, tragic loss, and demand for mental health services.
- Our mental health system is in crisis. Signs are all around us, including increases in suicides, boarding in emergency departments, wait times for mental health services, and rising incarceration rates for those suffering from mental illnesses.

**Chronic underfunding is a primary cause of the crisis facing the county-based community mental health system.** State funding for county-based mental health services was last increased in 2008. Leaving aside the 10% cut during Corbett Administration and based on an average inflation rate of 2.2%, leveling funding has reduced the purchasing power of these state dollars by approximately 39%. In the past year alone, labor costs have increased by over 25%. If these were typical private businesses, many would have raised prices or been forced to shut down. However, for these services, the state and federal government can simply ignore market-based expense increases and dictate rates.

As mission-driven organizations, these providers try to do the best they can for people in need and their staff with what they have. The best of intentions has now met the reality of insufficient funds. **The status quo is not sustainable.**

**It is wonderful to help others, but caregivers cannot support themselves.** Counties and providers have been trying to make the best use of funds to ensure services are available, but relying on the commitment and dedication of staff is no longer feasible in the face of the labor market changes and workforce shortages exacerbated by the pandemic. **Competing with Wawa, Sheetz, Home Depot, and Amazon for employees is the new normal.** We have heard from human service providers of all kinds about the mass exodus of workers to “non-caring” positions. People employed by the types of businesses noted above go to work and can simply go home. Caregiver jobs are both physically and emotionally taxing. Getting less money for harder work does not “work.”

**The failure to adequately invest in county-based mental health services is resulting in higher overall costs in other systems like Medicaid, law enforcement, corrections, state-operated mental health hospitals, and community hospital emergency departments.** All too often, the norm is responding when people are in crisis and in the most expensive settings, whether it be an emergency department, inpatient hospitalization, or even worse, jail.

**The status quo is not sustainable. It's more expensive and less safe. Therefore, we ask you to support no less than the Governor's proposed \$20M increase in county-based mental health funding.**