

## A Study in Response to House Resolution 515 (2019): Community Mental Health Services

Released: 2/24/2021

House Resolution 515 of 2019 directed LBFC to conduct a broad-based study of Pennsylvania's county administered, community-based mental health (MH) services. The resolution asked us to collect and present information on 10 comprehensive and complex data points. In response to HR 515, we modified the objectives and scope and focused on creating observational summaries of data we collected from various state agencies, including the Department of Human Services (DHS), the Department of Health (DOH), the Department of Corrections (DOC), and the Health Care Cost Containment Council PHC4). We also surveyed all county MH Administrators.

A JOINT COMMITTEE OF THE PENNSYLVANIA GENERAL ASSEMBLY

LEGISLATIVE BUDGET AND FINANCE COMMITTEE

- **Background Information about Pennsylvania's Community Mental Health System.** Community MH services are funded by the state and administered by county MH agencies. Pennsylvania has come a long way in evolving its system of community MH services as Federal and state legislation, beginning in the 1960s, has increasingly shifted MH services away from institution-based facilities, to less restrictive community settings. The shift allows for improved care for patients, prevents overcrowding and sanitary problems, and ensures that discharged patients have a better chance at reintegration. Further, providing funding and resources to local communities enabled communities to create targeted treatment plans for their patients, which continue to evolve as the understanding of a social environment's impact on MH improved.
- **Mental Health Services Data Collection and Analysis.** Although these services are provided by counties (often through contracted providers), certain MH data elements are reported to DHS via 25 standard cost centers. We reviewed six years of data and found great variability among those cost centers, e.g., for the period FY 2012-13 through FY 2016-17, with respect to the number of clients served, the Administrative Management cost center had the greatest number of clients served with over 665,000 clients, conversely, the cost center with the fewest clients was Adult Development Training with just 57 clients. With respect to purchased services, which are part of a county's total MH expenditures, Community Residential Services was the most expensive cost center at more than \$1.52 billion in purchased services over the six years reviewed, and Children's Evidence-based Practices had the lowest amount spent at \$1.3 million. Finally, when looking at *total expenditures* across all the cost centers, Community Residential Services was again the most expensive cost center at \$1.53 billion, while Adult Development Training had the lowest expenditures, with slightly more than \$291,000. All the data is self-reported, and there can be inconsistency in that reporting, especially for the number of clients served.
- **Other Mental Health Services Data Collection and Analysis.** HR 515 also tasked us with collecting data on other MH-related activity including the use of short-term private psychiatric facilities, data on the number of inmates with mental illness in county jails, and data on the use of emergency rooms by individuals with mental illness in mental health crisis. We found:
  - No data existed on short-term private psychiatric facilities, so we collected data on *private psychiatric facilities* in Pennsylvania. We were able to extract data on capacity, occupancy rates, and length of stay. We found that in 2018, seven of 19 facilities had occupancy rates above 90%.
  - Using data from the DOC we were able to determine mental health caseloads as of January 31 of each year. We compared this data to each facility's capacity and average in-house population. We found MH caseloads increased by more than 40% over a five-year period—despite decreases in jail capacity and average in-house population.
  - Using data from the PHC4, we extracted the number of hospitalizations that occurred for certain MH conditions. Specifically, hospitalizations grew by 17.2% from FY 2012-13 through FY 2017-18. For emergency room visits, the growth rate was 5.2% over the same period.
- **Survey Results and Stakeholder Policy Statements.** Our survey sought input on service delays and the expected impact of COVID-19 to community MH services. MH administrators reported long delays for services such as Community Residential Services (median wait time of 6 weeks). Conversely, administrators reported minimal delays (0.0 weeks) for access to emergency and crisis services—an encouraging result given the critical nature of these services to those in distress. With respect to the COVID-19 pandemic, 64% of administrators reported an increase in crisis calls since the pandemic. Further, 74% indicated that they expected crisis calls to increase in the next 6-12 months. Administrators also noted an overwhelming increase in the use of telehealth/telemedicine for MH services (98%), to which some administrators expressed concerns about access to broadband services in rural areas. Another area of concern was the lack of psychiatrists in the state, which was contributing to delays in obtaining evaluations. Finally, we also sought stakeholder policy statements on relevant MH issues, and we included those statements in the report.

For a full copy of the report, email us at [lbfcinfo@palbfc.us](mailto:lbfcinfo@palbfc.us) or download a copy at <http://lbfc.legis.state.pa.us/>.