

The cover features a background of pink magnolia flowers in the foreground and a blurred image of the Pennsylvania State Capitol building in the background. A dark blue rectangular area is overlaid on the left side, containing the title and subtitle in white text. A thin yellow horizontal line is positioned below the title.

BEHAVIORAL HEALTH COMMISSION

OCTOBER 2022
SPECIAL REPORT

Recommendations to
the Pennsylvania
General Assembly

Commission Scope and Purpose

ACT 54 OF 2022

Act 54 of 2022 established the Behavioral Health Commission for Adult Mental Health. The 24-member Commission was charged with providing recommendations to the General Assembly on the allocation of one-time \$100 million funding to address adult behavioral health needs. As required by Act 54, the Commission voted to visit Centre County and Dauphin County to hear from representatives from rural and urban counties respectively. This report encompasses the recommendations compiled by the Commission.

BACKGROUND

The number of adults with Any Mental Illness (AMI) has been increasing in recent years. Nearly 34 percent of Pennsylvanians have a mental illness or substance use disorder, whereas nationally the prevalence rate for all Americans with a behavioral health diagnosis is 31 percent¹. In 2020 it is estimated that 299,000 of people in Pennsylvania met criteria for a substance use disorder, and in 2021 approximately 5,224 Pennsylvanians fatally overdosed².

The already strained behavioral health workforce has struggled to meet the increasing need for services at every level of care. Solutions to complex systemic issues facing the behavioral health system will require continued partnership, sufficient funding, and renewed commitment to meeting the needs of Pennsylvanians struggling with a mental health diagnosis or substance use disorder.

The Commission is comprised of experts in various fields ranging from the criminal justice system, to treatment professionals, to people with lived experiences. Act 54 of 2022 prescribes ten priority areas that the recommendations should address, detailed on page three.

The Commission explored investment opportunities in the ten areas that were identified by Act 54 throughout the development of this report. Intersectionality between these components indicates that investments in one sector will have impacts in others.

Conceptually, these ten focus areas can be categorized in three overarching categories - workforce, criminal justice, and expanding services and supports - each of which touch upon one or more areas identified below.

Act 54 Focus Areas

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Delivery of services via telemedicine
- 

Behavioral health rates, network adequacy, and mental health payment parity
- 

Workforce development and retention
- 

Expansion of certified peer support specialist services and peer-run services
- 

Development and provision of crisis services
- 

Integration of behavioral health and substance use disorder treatment
- 

Cultural competencies when providing behavioral health care
- 

Impact of social determinants of health on behavioral health
- 

Intersection of behavioral health and the criminal justice system
- 

Establishment of an integrated care model that can deliver timely psychiatric care in a primary care setting

Letter from Commission Leadership

Honorable Members of the General Assembly,

The Behavioral Health Commission is pleased to provide the following report to support adults in Pennsylvania with behavioral health diagnoses. Per Act 54, these recommendations on how to allocate \$100 million have been informed by the input of the appointed Commissioners, stakeholders, diverse county representatives, and consumers. We are confident that these recommendations will help urban, suburban, and rural counties alike and are balanced to provide near-term and future benefits to our behavioral health system.

While the \$100 million in federal funds that has been carved out for adult behavioral health initiatives is a step towards improving current systems, the Commission has identified additional priority areas that could benefit from sustained and increased investment in the behavioral health infrastructure in Pennsylvania.


The Commission would like to stress the importance of swift action and ask that the funding authorized as a part of this year's budget be appropriated before the end of this legislative session. Thank you for your consideration of these recommendations and we look forward to continued partnership as we work collectively to improve the behavioral health landscape in Pennsylvania.

Sincerely,



Michael Humphreys, Co-Chair

Acting Insurance Commissioner



Dr. Dale Adair, Co-Chair

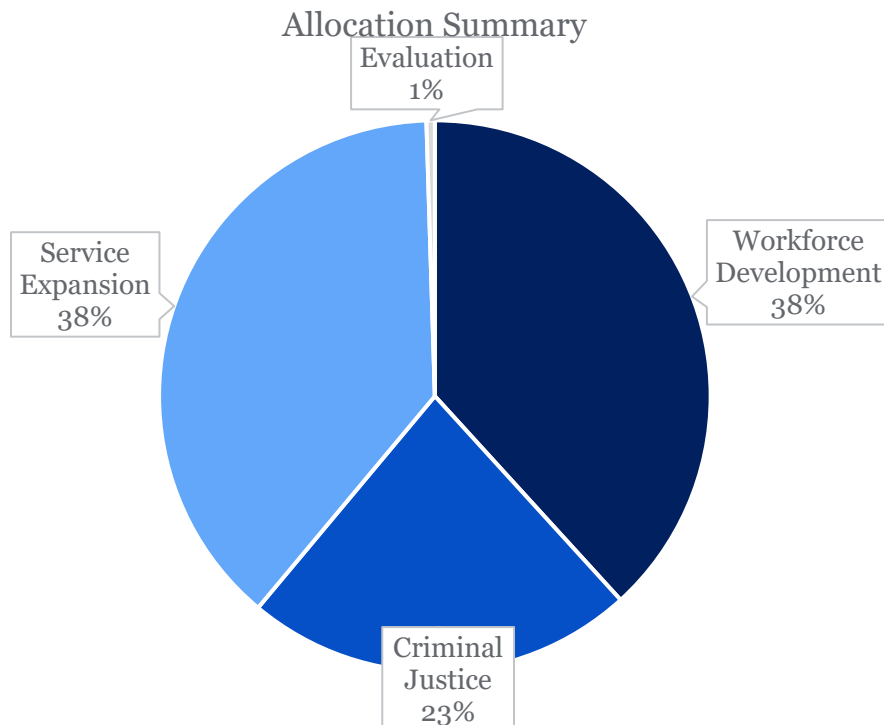
Chief Psychiatric Officer, Department of Human Services

Recommendations

The Commission met four times between August 18, 2022, and September 16, 2022, totaling a commitment of 17 hours of live meeting time. All meetings were advertised per the Sunshine Act, interested parties and members of the public were able to attend meetings of the Commission in-person or virtually. As required by Act 54, the Commission met with county officials in Dauphin County to understand the needs of urban and suburban counties. Additionally, the Commission met with Centre County officials to understand the unique needs of rural counties.

These recommendations are intentionally broad enough to permit counties and local organizations to use these one-time funds in the most impactful way for their communities. Additionally, when funding is awarded, weight should be given to culturally responsive initiatives that further promote equity in historically under-resourced communities.

The Commission would like to recognize the dedicated county officials and behavioral health staff that serve Pennsylvanians every day in the under-resourced behavioral health system. This one-time infusion of funding will cultivate a brighter future for these professionals and the people they serve.



Recommendation #1: Stabilize, Strengthen, and Expand the Workforce

The Commission recommends that **\$37 million** be used to support behavioral health professionals. Challenges recruiting and retaining behavioral health professionals are pervasive and widespread, leading to an underdeveloped and stressed workforce. The Commission heard from counties, community-based organizations, and treatment providers that behavioral health staff have been leaving the field at incredibly high rates and that it is very challenging to fill vacant positions; some organizations reported to the Commission as having vacancy rates in the 30 percent range. In some instances, fast food restaurants and other non-skilled labor positions can offer more competitive wages and better benefits for work that is less emotionally demanding. Pennsylvanians need more professional behavioral health resources. The Commission recommends that funding be targeted toward efforts to retain and recruit healthcare professionals and support professional development within the workforce.

“Without workers our services have no capacity to serve people. Vacancies exist throughout the residential support system and case management and crisis intervention services. Retaining our remaining experienced workers has become a top priority, but difficult to achieve without additional funds.” – Andrea Kepler, LSCW, Dauphin County MH/A/DP Administrator

\$37 Million - Workforce

The following priorities were identified to address the strained workforce:

- Retain existing behavioral health staff and providers through stay bonuses, salary increases, and enhanced benefits
- Incentive programs, such as tuition assistance or reimbursement for students entering high demand behavioral health professions
- Provide opportunities for entry-level staff to develop their skills by attaining higher levels of education and/or credentials

\$32 Million

Dedicated to Pennsylvania's 67 counties to address unique workforce needs in their area

\$ 5 Million

Recommendation #2: Improve Criminal Justice and Public Safety Systems

The Department of Corrections and county jails have unintentionally become the largest providers of behavioral health services in the Commonwealth and are not sufficiently prepared and resourced to meet this population’s needs. The Commission recommends that **\$23.5 million** be used for enhancements to the criminal justice and public safety systems to better serve adults with behavioral health needs. The Commission recommends funding be targeted towards expanding crisis response training and resources, such as expanding pre-arrest diversion programs and investing in corrections-based services including proposals to increase telehealth in corrections-based institutional settings. Facilitating compassionate responses to behavioral health crises could lead to better outcomes for individuals and divert strained correctional resources. Police departments utilizing co-responder models, where a behavioral health professional accompanies police in behavioral health crises, have demonstrated positive outcomes.

“It is an injustice of our system that the neediest members of our community must enter the justice system to access mental healthcare, care that individuals struggle to maintain after they are released from jail.” – Gregory Briggs, Dauphin County Prison Warden

\$23.5 Million – Criminal Justice

Provide comprehensive evidence-based mental health and substance use disorder services and supports to people who are incarcerated and wraparound services for returning citizens to reduce recidivism

\$13.5 Million

Support specialty courts and services for justice-involved individuals

Develop and expand upon pre-arrest diversion programs that connect people with resources in a time of crisis, including individuals with intellectual disabilities and with autism spectrum disorder

\$ 5 Million

For counties to use to develop or expand co-responder models, train first responders in crisis intervention

\$5 Million

Recommendation #3: Expand Capacity for Services and Supports

Given the diverse geographic makeup of Pennsylvania, resources spanning the continuum of care are not readily accessible for Pennsylvanians in every area. Investing in the integration of care, initiation of services, and expansion of delivery mechanisms are all priorities identified by the Commission. The Commission recommends that **\$39 million** be used to broaden the scope of services and supports available to Pennsylvanians. Both Dauphin and Centre Counties indicated needs pertaining to treatment and recovery services. The Commission recommends funding to support innovative models of service delivery, such as 24/7 crisis walk-in centers, collaborative care models to integrate physical and behavioral, and telehealth infrastructure and programs, as well as addressing social determinants of health, and other services along the continuum of care that do not currently exist in various localities. The Commission specifically recommends funding for peer-support services as well as for non-profit organizations providing such services, including necessary training for certified specialists.

“One thing about small counties or rural counties is that everything is shared. So, whatever you decide, if it goes to mental health that is going to be a benefit to Children and Youth, right? Because we intersect on so many levels, we all reap the benefit of what each other gets.” – Julia Sprinkle, Director of Centre County Children and Youth

\$39 Million – Service Delivery

Support and expand the crisis continuum of care to include the establishment of 24/7 walk in centers, mobile crisis services, and suicide prevention

\$15 Million

Facilitate the integration of primary care with mental health and substance use disorder treatment using the collaborative care model

\$10 Million

For counties to address Social Determinants of Health needs including but not limited to supportive housing, older adult behavioral health needs

\$8 Million

Support peer-led services and training to develop peer-support professionals and support statewide consumer-led organizations in providing supports to individuals

\$6 Million

Recommendation #4: Impact Evaluation of Investments

The Commission recommends that **\$500,000** be set aside to evaluate the impact of projects supported by this one-time funding at the end of the funding period. This retroactive study will inform future investments in the behavioral health system. This data will provide valuable insight and quantifiable information that can be used by the legislature for appropriations of future funding, as well as provide accountability for the use of the one-time \$100 million allocation.

Recommendation #5: Develop a Commission Dedicated to Ongoing Analysis and Systemic Reform of the Behavioral Health System

Throughout the course of this Commission, it was evident that there are non-monetary solutions that could be utilized to relieve the stretched behavioral health system. While not within the scope of the current Commission, members believe that continued dialogue about regulatory and legislative reforms could result in future actions to improve behavioral health service delivery in Pennsylvania. Therefore, the Commission recommends that the legislature continue this Commission, or create a new entity tasked with further examining the behavioral health needs of the Commonwealth and recommending enhancements to the behavioral health system to the legislature and relevant state agencies for consideration, funding, and action.

Recommendation #6: Consider Sustained Increases in County Base Funding

The behavioral health system in Pennsylvania, and nationwide, is in crisis and in need of consistent financial support at adequate levels. In 2012, base funding for counties was cut by 10 percent; it has not been increased since then. The need for behavioral health services has steeply risen since the 2020 start of the COVID pandemic and, while utilization is higher, the funding sustaining the services has remained stagnant, forcing counties to do more with less. Flexibility in use of these funds is critical, as each county has unique strengths and challenges, especially across the urban, suburban, and rural spectrum. Additional sustained funding could prevent further erosion of the behavioral health landscape in Pennsylvania. The Commission strongly urges the legislature to bring county base funding in line with the cost associated with providing these critical behavioral health services.

Acknowledgements

The Wolf Administration would like to thank the following Commission members for sharing their time and expertise in developing recommendations:

Co-Chair – Acting Commissioner Michael Humphreys, Insurance Department

Co-Chair – Dr. Dale Adair, Chief Psychiatric Officer, Department of Human Services

Representative Michael Schlossberg, 132nd House District

Representative Wendi Thomas, 178th House District

Senator Maria Collett, 12th Senate District

Ellen DiDominico, Department of Drug and Alcohol Programs

Muneeza Iqbal, Department of Health

Dr. Kathy Quick, Mental Health Planning Council

Lisa Kennedy, Mental Health Planning Council

Reverend Michelle Anne Simmons, Why Not Prosper

Tina Clymer, Pennsylvania Association of County Administrators

Dr. Matthew Hurford, Community Care Behavioral Health Managed Care Organization

Dr. Faith Dyson-Washington, Community Behavioral Health Managed Care Organization

Dr. Maria Oquendo, University of Pennsylvania

Chief Edward Cunningham, Elizabethtown Police Department

Dr. Stephanie Diez-Morel, National Association of Social Workers Pennsylvania Chapter

Dr. Hasshan Batts, Promise Neighborhoods of the Lehigh Valley

Dr. Kenneth Thomson, Pennsylvania Psychiatric Leadership Council

Dale Klatzker, Gaudenzia

Jillian London, Hamilton Health Center

Dr. Noreen Fredrick, UPMC

Dr. Jeanne Slattery, Pennsylvania Psychological Association

Jason Rilogio, Pennsylvania Peer Support Coalition

Hon. William F. Ward, Pennsylvania Commission on Crime and Delinquency

Dauphin County Board of Commissioners, Government Officials, and Local Organizations

Centre County Board of Commissioners, Government Officials, and Local Organizations

SOURCES

¹ [Demographics and Health Insurance Coverage of Nonelderly Adults With Mental Illness and Substance Use Disorders in 2020 | KFF](#)

² [Pennsylvania Opioids | PA Open Data Portal](#)

ATTACHED WRITTEN TESTIMONY FROM STATUTORIALY REQUIRED COUNTY MEETINGS

Dauphin County

- Kristen Varner, Administrator, Dauphin County Drug and Alcohol
- Scott Suhring, CEO, Capital Area Behavioral Health Collaborative
- Ted Dallas, President/COO, Merakey
- Erika Saunders, MD, Chair of Psychiatry and Behavioral Health, Penn State
- Mike Alexander, Co-Chair, Dauphin County Community Support Program
- Andrea Kepler, LCSW
- Gregory Briggs, Warden, Dauphin County Prison
- Charles J. Hooker III, Keystone Human Services
- Noreen Fredrick, DNP, RN, UPMC Western Behavioral Health
- Kimberly Feeman, Acting CEO PPI
- Darrell R. Reider, Swatara Township Public Safety Director
- Pamela Rollings-Mazza MD, BMedSc., BN, RN. CCHP. Board Certified Psychiatrist
Chief Medical Officer, PrimeCare Medical, Inc.

Centre County

- Natalie Corman, Deputy Administrator, Centre County Government
- Felicia Stehley, Regional Director of Community Care Behavioral Health
- Cathy Arbogast, Assistant Administrator for Drug and Alcohol
- Tyler Jolley – Chief, Patton Township Police Department
- Val Barner, President/CEO, Skills of Central PA
- Erin Crown, Co-Owner, Oasis LifeCare, LLC
- Beth Gillan, Executive Director, Center for Community Resources
- Captain Kevin Creighton, Pennsylvania State Police
- Lucas Malishchak, Director of the Psychology Office, Department of Corrections

The Commission utilized a resource email account to collect and distribute comments to Commission members. This email address was shared during the public meetings and posted on the Behavioral Health Commission's [website](#), overall 21 comments were received. Submitted comments shared suggestions on improving behavioral healthcare across the Commonwealth and ideas on how to allocate the \$100 million.