Legislative Budget and Finance Committee

A Study in Response to HR 515 (2019): Community Mental Health Services

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Good morning. Mr. Chairman and members of the Committee, it is a pleasure to be here this morning to discuss the results of our study, which was conducted pursuant to House Resolution 515 of 2019. In the interest of time, my overview of the study will be brief and then if you have any questions, I would be happy to answer them.

HR 515 required us to conduct a broad-based study of Pennsylvania's county-administered community mental health system. We were asked to collect data on spending and the number of clients served through the county-based community mental health system; information on the use of private psychiatric facilities; the number of inmates with mental illness in county jails; and data on the use of emergency rooms by individuals with mental illness and who were experiencing a mental health crisis. We also surveyed county mental health administrators and sought policy statements from mental health stakeholders.

Answering these objectives proved to be a difficult task because in some areas data simply did not exist—and in areas where data did exist—that data was either self-reported or it lacked the specificity necessary to fully address the objective. Nevertheless, working with the Department of Human Services, the Department of Health, the Department of Corrections, and the Health Care Cost Containment Council, we were able to create observational summaries that provide a contextual reference for the requested items.

The Department of Human Services uses 25 cost centers to track a wide variety of county mental health spending. We obtained six years of county-submitted cost center data and developed our own database to track spending and clients served. Three points of interest we found were that:

- The costliest county mental health service was Community Residential Services, which is a type of housing support service. We found that nearly $1.52 billion was spent over the six years, nearly all of which was for purchased or contracted services. In fact, in fiscal year 2017-18 alone, per client spending in this category equaled $40,515.
- There were significant increases in the number of clients served for Assertive Community Treatment/Community Treatment Teams (210 percent); Psychiatric Inpatient Hospitalization (164 percent); and Peer Support Services (128 percent).
- We also saw growth in spending for Assertive Community Treatment/Community Treatment Teams (92 percent); Transitional and Community Integration Services (87 percent); and Mental Health Crisis Intervention Services (71 percent).

However, it must be reiterated that these figures are self-reported--and specifically with the number of clients served--there may be inconsistency in how those numbers are reported. Our report discusses each of the 25 cost centers in more detail and we note where we found inconsistencies.

Moving on to other areas of the report, we looked at capacity levels at the 19 private psychiatric facilities located in Pennsylvania. In 2018, the most recent year available, we found seven of the 19 facilities had occupancy rates above 90 percent.

HR 515 also requested that we obtain data on the number of inmates with mental illness in county jails. To answer this objective, we used Department of Corrections data, which collects certain "snapshot" or point-in-time information on county jails. We were able to collect mental health caseloads for each county jail, which we then compared to each jail's capacity and its average in-house population. We conducted this review over a five-year period from 2014 through 2018 and found that there have been declines in total bed capacity, and average in-house population—yet, there has been a 40 percent increase in mental health caseloads.

In another mental health-related area, HR 515 sought information on the use of emergency rooms by individuals with mental illness in mental health crisis. This proved to be an especially difficult task because of distinctions in how mental health illness and mental health crisis are identified. To answer this objective, we reviewed hospitalization data which we obtained from the Pennsylvania Health Care Cost Containment Council (PHC4). We looked specifically at hospitalizations which had either a primary or secondary diagnosis of mental and behavioral health disorder and found there has been a 17.2 percent increase in cases from FY 2012-13 through FY 2016-17. We then narrowed our focus by looking at billing revenue codes to identify cases where an emergency room was involved. Here we found that there was a 5.7 percent increase in ER cases over the same period. However, in reviewing this data, staff from the PHC4 noted that caution should be exercised in using revenue codes because it is not entirely clear that hospitals use these codes accurately. This may explain why the increase in ER usage was less than hospitalizations overall.

Finally, we surveyed county MH administrators about delays in accessing services, the reason for any delays, and other trends in the mental health service community, including potential impacts from the COVID-19 pandemic. It should be noted that we had a 100 percent response rate to our survey, something which does not happen often. Our survey results showed that administrators were citing long delays for enrolling clients in Community Residential Services—the median average wait time being six weeks. Encouragingly, the services with the lowest reported delays were for crisis services or emergency services, which provide time-sensitive interventions. The results are laid out more thoroughly in the report, but it was interesting to note that 64 percent of the administrators reported an increase in crisis calls since the pandemic started, and 74 percent indicated that they expect crisis calls to increase in the next 6-12 months. Other areas of concerns were the delays in access to psychiatrists due to limited availability, the lack of broadband services in rural areas for telehealth purposes, and funding concerns.

In closing, I'd like to thank the various departments I mentioned earlier, as well as Rebanta Mukherjee of our staff, who was of great assistance as we compiled this report. If there any questions, I would be happy to answer them now, or in the interest of time, I can answer them later.