

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

Mental Health Residential Programs: Providing So Much MORE THAN HOUSING

County community mental health residential services are in crisis. The Commonwealth has not invested new funding in community mental health services in over a decade. While this crisis has been building over the years, the COVID-19 pandemic accelerated and deepened the impact of years of inadequate county mental health funding and cuts. Residential mental health services constitute the highest area of county mental health funding, which is state funding paid through provider contracts with counties. These services provide the critical level of care to prevent inappropriate incarcerations, allow individuals to be discharged from psychiatric hospitalizations who need additional care, prevent institutionalization, and prevent homelessness — all of which are not only detrimental to the person needing mental health services, but also increase the burden and expense to citizens of the Commonwealth.

Mental health residential programs provide so much more than housing. They are designed to support individuals with serious mental illness with the highest level of needs. They help these individuals to succeed in their home communities. Some examples of Mental Health Residential programs are:

- Enhanced Personal Care Homes;
- Long-Term Structured Residences;
- Residential Treatment Facilities – Adult;
- Community Residential Rehabilitation; and
- Domiciliary Care Homes.

Most of these programs are highly regulated by the Commonwealth and are not funded by Behavioral Health Managed Care Organizations (Medicaid).

Mental health residential programs provide highly trained staffing 24 hours per day, 7 days per week, 365 days per year, without exception. These programs and staff protect the safety of individuals they serve, as well as the communities in which they live. The staff are highly trained to provide trauma-informed, recovery-oriented, personalized services that strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, housing, intellectual, spiritual, and financial. Residential teams assist individuals in areas such as medication management, mobility to ensure they can get to essential appointments, self-care, cooking, cleaning, money management, and most importantly, understanding their illness and developing coping, wellness plans, and connections with others to enable them to live successfully in the community. Program staff connect individuals with mental health practitioners, peer supports, vocational options, educational opportunities, social groups, or whatever community resources match their skills, needs, and desires to ensure they reach their highest potential and live a fulfilled life. Staff are trained to de-escalate and manage crisis situations and to spot and prevent potential suicide risks. In other words, these programs and staff are absolutely essential to the success of these individuals and to the success of our mental health system.

And yet, with such huge responsibility, these programs are grossly underfunded. Many residential providers have already decreased or closed services due to lack of funding. The staff of these programs are terribly underpaid and overworked due to the challenging nature of their jobs, and fewer and fewer people being willing to work these jobs. In addition, expenses such as the cost of food, utilities, fuel, etc. continue to rise – but there has been zero additional funding provided to these programs for over 10 years.

The only way providers have kept doors open is to close a portion of their services and work with the county to reallocate the funding to keep another service open. Closing programs has obvious implications for some of our most vulnerable individuals.

The current crisis comes down to one fundamental cause; inadequate funding for state/county funded mental health services. The Coalition urges the General Assembly to include a minimum of \$36.6M in annualized new funding in the FY 2021/22 budget for community mental health services.