
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 82 Session of
2017

INTRODUCED BY MURT, V. BROWN, CALTAGIRONE, D. COSTA, CUTLER,
DEASY, DeLUCA, DONATUCCI, DRISCOLL, FREEMAN, HILL-EVANS,
JAMES, KINSEY, KORTZ, LONGIETTI, MILLARD, READSHAW, SCHWEYER,
SOLOMON AND WATSON, FEBRUARY 10, 2017

REFERRED TO COMMITTEE ON HUMAN SERVICES, FEBRUARY 10, 2017

A RESOLUTION

1 Directing the Legislative Budget and Finance Committee to
2 conduct a comprehensive study of changes in access to county-
3 managed community health services between fiscal years 2010
4 through 2016; and establishing an advisory committee.

5 WHEREAS, One in five individuals in the United States needs
6 treatment for mental illness during his or her lifetime; and

7 WHEREAS, Fifty percent of mental health cases in our nation
8 begin by 14 years of age; and

9 WHEREAS, Seventy-five percent of these cases begin by 24
10 years of age; and

11 WHEREAS, Delayed treatment of mental illness increases
12 severity of symptoms and difficulty of treatment; and

13 WHEREAS, Each year, tens of thousands of families in this
14 Commonwealth struggle to gain timely access to services and
15 supports for family members with serious mental illness; and

16 WHEREAS, Since 1966, county-managed community mental health
17 agencies have established community-based residential
18 rehabilitation and a range of other support and treatment

1 services in response to the reduction of beds in the State
2 mental hospital system; and

3 WHEREAS, The cost of providing treatment and services in
4 community-based settings is significantly less than the cost of
5 treatment in State mental hospitals or private psychiatric
6 hospitals; and

7 WHEREAS, Without sufficient residential rehabilitation and
8 mental health treatment services in our communities, individuals
9 with serious mental illness all too often become homeless or
10 become inmates in county jails; and

11 WHEREAS, Some county mental health programs have reported a
12 reduction in school-based mental health services since 2010; and

13 WHEREAS, Some county mental health programs have reported a
14 reduction in residential and treatment services for the
15 seriously mentally ill since 2010; therefore be it

16 RESOLVED, That the Legislative Budget and Finance Committee
17 conduct a comprehensive study of changes in access to county-
18 managed community mental health programs between fiscal years
19 2010 through 2016; and be it further

20 RESOLVED, That, in furtherance of its study, the Legislative
21 Budget and Finance Committee determine, at a minimum, the
22 following:

23 (1) the amount allocated by each county for contracted
24 services in each fiscal year from fiscal year 2010 through
25 2016 for each of the major community mental health services,
26 including community residential rehabilitation, inpatient
27 psychiatric services, emergency and crisis intervention, peer
28 counseling, drop-in centers, outpatient services, partial
29 hospitalization, day treatment, community employment,
30 facility-based vocational rehabilitation, psychiatric

1 rehabilitation, long-term residential services, social
2 rehabilitation, intensive case management, case management,
3 community treatment teams, family-based services and family
4 support services, and set forth a Statewide summary of this
5 data;

6 (2) the number of units of service provided by each
7 contracted entity in each county in each fiscal year from
8 fiscal year 2010 through 2016 for each of the above community
9 mental health services and set forth a Statewide summary of
10 this data;

11 (3) the number of people receiving each of the above
12 community mental health services in each county in each
13 fiscal year from fiscal year 2010 through 2016 and set forth
14 a Statewide summary of this data;

15 (4) the amount spent by each county mental health agency
16 to administer the county mental health program in each fiscal
17 year from fiscal year 2010 through 2016;

18 (5) follow-up information on the living conditions and
19 mental health status of individuals transferred out of
20 community residential rehabilitation services used during
21 fiscal years 2010 through 2016 and set forth a Statewide
22 summary of this data;

23 (6) data on the use of short-term private psychiatric
24 facilities in each county in each fiscal year from fiscal
25 year 2010 through 2016;

26 (7) information on any delays in access to intake for
27 new admissions to mental health treatment services and
28 delays, if any, in access to psychiatric evaluations and
29 medications in each county's community mental health system
30 that have occurred during fiscal years 2010 through 2016;

1 (8) data on the number of inmates with mental illness
2 incarcerated in county jails in each fiscal year from fiscal
3 year 2010 through 2016; and

4 (9) data on the use of emergency rooms in hospitals by
5 individuals with mental illness in mental health crisis in
6 each county in each fiscal year from fiscal year 2010 through
7 2016;

8 and be it further

9 RESOLVED, That the Legislative Budget and Finance Committee
10 seek information regarding access in mental health treatment and
11 services, in each fiscal year from fiscal year 2010 through
12 2016, from the following entities in each county:

- 13 (1) county jail wardens;
- 14 (2) county probation officers;
- 15 (3) school superintendents;
- 16 (4) county homeless program managers;
- 17 (5) local representatives of mental health consumer
18 groups;
- 19 (6) local representatives of mental health associations;
- 20 (7) local representatives of the National Alliance for
21 Mental Illness;
- 22 (8) local representatives of psychiatric associations;
- 23 (9) local representatives of pediatric associations;
- 24 (10) representatives of primary care physicians; and
- 25 (11) representatives of emergency room physicians;

26 and be it further

27 RESOLVED, That the Legislative Budget and Finance Committee
28 be authorized to establish an advisory committee of
29 stakeholders, including:

- 30 (1) county mental health administrators;

- 1 (2) providers of community-based mental health services;
- 2 (3) advocates for people with mental illness;
- 3 (4) members of families that include people with mental
- 4 illness; and
- 5 (5) individuals with mental illness;

6 and be it further

7 RESOLVED, That the Legislative Budget and Finance Committee
8 submit a report of its findings to the House of Representatives
9 by December 31, 2017.