



**Testimony of Laura R. Dimino, Ph.D. Interim Executive Director  
and Kaitlyn Goode, Data Visualization Specialist,  
Center for Rural Pennsylvania  
*The Picture of Mental Health: Snapshots of Data*  
Senate Majority Policy Committee**

Geisinger Behavioral Health Center  
100 N Academy Rd., Danville, PA  
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Good afternoon, Chairman Argall, Senator Culver, and members of the Senate Majority Policy Committee. Thank you for this opportunity to speak before you today. My name is Dr. Laura Dimino, and I serve as the Interim Executive Director at the Center for Rural Pennsylvania. I am joined by Kaitlyn Goode, the Data Visualization Specialist.

The Center is a bipartisan, bicameral legislative research agency of the General Assembly. The Center's legislative mandates include two broad charges: 1) conducting and sponsoring applied policy research to benefit our rural communities; and 2) maintaining a comprehensive collection of data to assist policymakers in meeting the needs of rural Pennsylvania. Our role is to provide information to support your decisions about whether, and how, to act.

The information we provide here today allows you to understand the growing concern Pennsylvania is facing when it comes to availability and access to mental health services. We will focus on three topics today: the current landscape of providers in Pennsylvania- including designated health professional shortage areas, rural-urban disparities in access to care, and some available indicators of mental health needs for Pennsylvania's older and younger age groups. In addition, we have provided some supplemental graphics and maps to the committee to accompany this testimony and provide further detail.

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## **Current Landscape of Mental Health Care Providers in Rural and Urban Pennsylvania**

As of 2025, there are 19 designated mental health professional shortage areas in Pennsylvania as determined by the Health Resources & Services Administration, or HRSA. The shortages are primarily located in the central part of the state and include 19 rural counties. Statewide there are 93 hospitals with psychiatric services according to the latest available data (2023). On the surface of it, with 67 counties, 93 hospitals may not sound impactful; nevertheless, there are 21 counties, all of them rural, without a dedicated psychiatric hospital service.

While approximately 23 percent of board-certified psychiatrists and neurologists are in rural counties, 15 rural counties across the state have zero board-certified psychiatrists with clinical hospital privileges. If we also consider the number of professional counselors, psychologists and behavior specialists with active licenses across the Commonwealth, rural counties have 3,775 while urban areas have 16,114. While roughly one-quarter of the population lives in our 48 rural counties, only 19 percent of all active mental health professionals are in those counties. In other words, if the total number stayed at 19,889 statewide, close to 1,200 practitioners would need to move to rural areas to achieve parity with urban.

## **Older Adults**

The Center has released a number of studies pertaining to the aging of the state's population; we do not provide those details here, but they are publicly available on our website, and we are glad to provide them upon request. In short, an increasing percentage of the population over the next five years will be age 65 or older, and the number of residents under the age of 20 is limited by low birth rates. We also know from U.S. Census data, that an estimated 40 percent of adults 65 and older live alone.

The Center recently released a study on Alzheimer's and dementia diagnoses, as well as Pennsylvania's capacity to care for older adults who may require support ([https://rural.pa.gov/Bourassa and Grove 2024](https://rural.pa.gov/Bourassa%20and%20Grove%202024)). Alzheimer's disease is estimated to account for most dementia diagnoses (60-80 percent). In 2020, rural counties accounted for about 29 percent of the roughly 267,000 documented Alzheimer's diagnoses and this proportion is expected to be fairly stable over time. However, between 2020 and 2040, the *number* of diagnoses will rise; best estimates available show an increase of over 132,000 diagnoses in the state to just over 400,000, with approximately 36,000 additional cases in rural counties. We believe these estimates to be conservative.

To the extent a patient with dementia may be best served in a full-time residential facility, the trend over time shows a reduction in the number of facilities available. The Bourassa and Grove report (cited above) indicates that as of 2020, twenty-three counties had two or fewer skilled nursing facilities with dedicated units for individuals living with dementia, and 21 counties had no personal care facilities with specialized units.

Based on the most recent available data, the number of facilities and the overall capacity for patients is declining. The growing number of individuals living with some form of dementia has increased demands for care in skilled nursing facilities, personal care homes, and assisted living residences (ALRs) while the opportunities available for institutional care have declined. The number of skilled nursing homes from 2000 to 2024 dropped from 775 to 666, and the total number of residents dropped from over 95,000 to 84,000. The number of licensed personal care homes dropped from 1,726 in 2002 to 1,200.

The supplemental slides provided to the committee show the number of skilled nursing facilities and the number of licensed beds available, as of 2024. The total number of licensed beds is 84,372. The number of dementia care units in skilled nursing facilities (according to Department of Health data for 2023-2024) in rural counties is 74, while there are 135 in urban counties. Fourteen rural counties have zero facilities with dementia care units.

If older adults could age in place in their homes and receive care, of course, then the low number of beds in facilities is less of a concern. Data on the number of home health care workers shows an increase in their numbers from 2013 to 2023. Still, the 2023 report (cited above) by Bourassa and Grove cautions that with low wages, it may be difficult to hire and retain a reliable workforce to provide the home care needed based upon increased demand, particularly in rural counties where workers are not reimbursed for mileage or the time it takes to travel to rural patients.

### **Youth and Mental Health**

Young people are also a particularly vulnerable segment of the population. The Center published a 2023 report that includes an analysis of Pennsylvania Youth Survey (PAYS) data (collected by the Pennsylvania Commission on Crime and Delinquency (PCCD)). It shows that mental health concerns rose among public school students during COVID; in some school districts, particularly in rural counties, the proportions of students with high stress levels rose considerably ([https://rural.pa.gov/Gajanan 2023](https://rural.pa.gov/Gajanan%2023)). As of 2023, PAYS data indicate there are remaining concerns about students in grades 6 through 12, with over a third reporting they are depressed or sad most days, and approximately 15 percent stating they have seriously considered suicide.

As a result, we can see that some public school district expenditures are dedicated to providing related services to students. The average expenditure in 2023-24 per pupil on psychological services was \$148 in rural, and \$160 in urban districts; social workers are also being utilized in some districts.

### **Additional Observations**

In April 2025, the Center convened a public hearing on rural mental health; a summary, testimony highlights and a video recording are available: <https://rural.pa.gov/news-events/public-hearing/hearing-on-mental-health-2025>. Some testifiers provided information on a new multi-county clinic providing 24/7 behavioral health care in Perry, Dauphin, and Cumberland counties, which opened in December 2024. Chris Santasiero, on behalf of Connections Health Solutions, testified that Connections served a total of 617 individuals in its first 2 months, with a 100% acceptance rate for walk-in referrals. The average length of stay in urgent care was 4 hours for both youth and adults, while the observation average length of stay was 8 hours for both groups. There were 143 responses by a mobile crisis team, with an average response time of 22 minutes; 64 percent of mobile crisis cases were resolved in the field. Law enforcement referrals accounted for half of all cases.

### **Conclusion**

Mental health is an integral part of persons' health overall. The data we have clearly suggest that a proactive approach to solutions across all age groups, but particularly for our oldest and youngest age groups, is warranted. At the Center for Rural Pennsylvania, we support data-informed policymaking. As you consider strategies to improve rural health care, the Center is here as a resource to provide information and data, along with mapping and visualizations of trends, that can guide targeted, sustainable solutions. Thank you, again, for the invitation to speak before the Committee, and we are happy to answer any questions that you may have.