



TESTIMONY ON
MENTAL HEALTH AND COMMUNITY ASSISTANCE

Presented to the Senate Majority Policy Committee

By
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Chairman Argall, Senator Culver, and members of the Committee, thank you for the opportunity to join you today for this important discussion on mental health and community assistance. My name is Melanie Gordon, and I serve as the Human Services and Criminal Justice Policy Director for the County Commissioners Association of Pennsylvania. CCAP represents all 67 counties of the Commonwealth, and counties are on the front lines of delivering vital behavioral health services to our communities.

Due to years of underfunding, the commonwealth's mental health system is in crisis. Pennsylvania residents have waited too long while the impacts of nearly two decades of not keeping pace with increases have unraveled the mental health system. It is a constant struggle to maintain community-based services such as outpatient treatment for adults and children, crisis intervention, school counselors, support for individuals leaving state facilities, treatment, community consultation and education, day services and prevention.

Increased support for the community mental health system improves outcomes for individuals, allowing for prevention and treatment where people need it most. This prevents more significant impacts like having to turn to emergency departments, helps to provide crucial support for children with complex behavioral health needs and begins to address the growing issue of county jails acting as de-facto mental health facilities. At the same time, improved care for Pennsylvania's residents can also provide cost-savings in communities and to the commonwealth budget.

COUNTY ROLE IN MENTAL HEALTH SERVICE DELIVERY

County Mental Health/Intellectual Disabilities (MH/ID) offices are responsible for planning, coordinating, and delivering home and community-based services, including those not covered by insurance or Medicaid. These include:

- Outpatient treatment for adults and children
- Crisis services
- Housing supports
- School and community outreach
- Coordination with criminal justice and public safety systems

Counties also oversee the behavioral HealthChoices Medicaid program and bear responsibility for maintaining provider networks, resolving appeals, and ensuring quality services. A limited amount of state base funding and local property tax dollars support this work, but we are at a critical point.

THE CRISIS WE FACE

Pennsylvania's community mental health system is in a state of sustained crisis. Over a decade of chronic underfunding—especially the 10% cut enacted in FY 2012-2013—has left our counties struggling to meet rising and increasingly complex needs. While the General Assembly appropriated \$40 million in new funds last two years, that amount allowed counties only to maintain current services—not expand or stabilize them.

We are now seeing the consequences:

- Emergency departments are overwhelmed with individuals in crisis.
- County jails are serving as de facto mental health hospitals.
- Schools are stretched beyond capacity to support youth in need.
- Service delays can stretch from days to as long as twelve months in some counties.

Counties have done their best to adapt—through collaboration with providers, schools, and law enforcement—but the need has outpaced the resources for far too long.

FUNDING NEED- FY 2025-2026 AND BEYOND

This year, counties are calling for a \$100 million increase in state base funding for county mental health services in FY 2025-2026 as the first step in what we hope will be a multi-year investment strategy by the legislature and Shapiro Administration. This will:

- Rebuild collapsed infrastructure,
- Expand services to underserved populations,
- Stabilize the mental health workforce,
- And begin addressing longstanding gaps in the system.

Looking ahead, counties propose a phased multi-year investment and acknowledge that the total need exceeds \$1 billion when considering the full scope of unmet obligations and inflationary losses.

SPECIFIC PRIORITY AREAS

1. Crisis Services

Counties are working to establish or expand a full continuum of care for crisis services with the model of someone to call, someone to respond, and somewhere safe to go. Mobile crisis teams and peer support offer assistance that can come to the individual in need. Several communities have walk-in centers where individuals can be seen quickly 24 hours a day, similar to an urgent care for behavioral health needs. A few counties and regions have been able to implement a behavioral health stabilization center, offering up to 23 hours of care to create a more robust plan of treatment before returning to the community.

These services offer timely alternatives to ERs and police response, but many programs remain unsustainable without recurring funding. One county now spends nearly 50% of its base allocation on crisis alone.

2. School and Community Coordination for Children and Youth

While school-based mental health investments are welcome, they must be coordinated with county systems to avoid undermining broader service availability. Counties already partner with schools through SAPs, in-school liaisons, and therapeutic supports. But:

- School-year-only funding leaves gaps during summer and after school
- Provider shortages are exacerbated when schools are funded but counties are not

We are seeing an increased need for services as well as increased complexity where individuals need support for co-occurring conditions. CCAP examined these needs in children and youth with a Complex Case Task Force, which met from mid-2023 to early 2024. The detailed findings and recommendations can be found on the [CCAP website](#).

3. Workforce Development

Recruitment and retention of qualified staff is a growing concern. Counties are unable to match private-sector wages or benefits, resulting in high turnover and service delays. Additional funding would:

- Raise provider rates
- Attract and retain qualified clinicians
- Expand peer support, case management, and prevention staffing

The workforce is not limited to county staffing needs. Pennsylvania does not have an adequate workforce of mental health professionals available to staff the services needed. This leads to increased wait times, and more individuals in crisis when they lack appropriate preventative and routine services. These challenges can be even greater in rural areas, where a lower population density means further drives for access to care and the loss of even one or two providers creates a care desert. Counties have explored a wide range of recruitment and retention strategies for their staff, including pay raises, bonuses, tuition assistance, and paid internships. A broader strategy to address workforce shortages across the entire mental health system is needed.

4. Justice-Involved Populations

Mental illness should not be treated through incarceration. Jails are not appropriate settings to restore wellness. Without Medicaid and Veterans benefits coverage in jail, these services are fully county-funded.

Counties have worked with criminal justice partners to improve diversion efforts like Crisis Intervention Teams for first responders. We have increased mental health services in jails and created warm hand-offs at re-entry to the community. Some counties have tackled competency restoration with private partners due to the lack of forensic space available at state hospitals. We are pleased to be a partner in the AOPC's Behavioral Health Initiative, seeking to further innovate across all branches of government.

5. Housing Supports

Counties are experiencing year-long waitlists for supported housing. Services like residential rehabilitation, transitional housing, and crisis respite are critically underfunded. We need sustained investment in permanent supportive housing and housing stabilization services.

THE CONSEQUENCES OF INACTION

Failing to act has real and tragic consequences:

- Emergency departments are full.
- Law enforcement is overstretched.

- Schools are overwhelmed.
- Suicide rates are rising. Homelessness is increasing.
- Communities bear the fiscal and human burden of treating mental illness only after it reaches a crisis point.

Investment now will save money long term by reducing ER visits, hospitalizations, and recidivism. More importantly, it will save lives. Pennsylvania has the roadmap. It has the need. What we require now is sustained commitment. Let's act decisively and finally deliver the behavioral health system Pennsylvanians have been promised.

Thank you for the opportunity to testify today. I look forward to your questions and continued dialogue.