Supporting a Crisis Response Infrastructure in Pennsylvania: The Importance of Dedicated Funding for Mental Health Crisis Intervention

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Good morning, Chairmen Kinsey, Solomon, Heffley and Gillen, committee members and staff.

My name is Jen Smith, and I serve as deputy secretary for the Department of Human Services' (DHS) Office of Mental Health and Substance Abuse Services. I appreciate the opportunity to provide testimony on behalf of the department regarding Governor Shapiro's proposed investment in the 988 Suicide & Crisis Lifeline through the 988 Surcharge and its potential to shape a crisis response infrastructure in Pennsylvania.

Governor Shapiro's budget would make a one-time investment of \$5 million to support Pennsylvania's lifeline call centers and establishes a \$0.06 988 Surcharge on landline and mobile telephone services starting in January 2024 to maintain consistent funding for our crisis response infrastructure. Additionally, the governor is seeking to invest \$20 million in county base mental health funding — the first increase since 2008 — to support partners who provide ongoing care to people experiencing mental health challenges and their loved ones. These investments, if enacted, would demonstrate Pennsylvania's commitment to supporting not just a robust, trauma-informed response system for people in crisis — it would support the broader continuum of care necessary to help people continue on a stable, supported path after experiencing a crisis.

The Commonwealth works daily to help Pennsylvanians affected by mental health challenges and mental illness, provide resources to people in crisis or considering self-harm, and reduce the number of lives lost to suicide. Our efforts are guided by the Statewide Suicide Prevention Plan developed by the State Suicide Prevention Task Force, which is a multi-agency endeavor that includes DHS as well as the departments of Aging, Agriculture, Corrections, Drug and Alcohol Programs, Education, Health, Military, and Veterans Affairs, and Transportation as well as the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania State Police.

There are specific programs geared toward reducing stigma, increasing community resources, and instilling a sense of hope, particularly among veterans. The Governor's Challenge and Northwest Pennsylvania Veteran Suicide Prevention Program are two such initiatives. The Northwest Pennsylvania Veteran Suicide Prevention Program is a collaboration between the Center for Disease Control and Prevention (CDC) and the University of Pittsburgh's Pharmacy and Research Unit (PITT PERU), working in 15 Northwest PA counties to reduce veteran suicides.

An essential aspect of preventing suicides is the ability to be available when an individual needs help. A memorable, accessible lifeline number can make that possible in situations where every second counts. In recognition of this, the former 10-digit National Suicide Prevention Lifeline officially became the Suicide & Crisis Lifeline, accessible by calling or texting 988, on July 16, 2022. When someone dials 988 from a Pennsylvania area code, the call is routed to one of the 13 988 call centers in the state that handles the calls for that area code; if the call is not answered within 60 seconds, the call is routed to one of Pennsylvania's three regional call centers. The call centers are staffed by trained mental health professionals who are able in 80 to 90 percent of cases to handle the needs of the caller while on the phone. If additional help is needed, the call center staff member can connect to a mobile crisis response team if available or to resources available in the caller's community. If law enforcement support is needed, the call centers can make that connection, too. Text and chat options also are available in some call centers. There are special lines for Veterans, Spanish-speaking individuals and LGBTQ+ youth.

Pennsylvania has worked with federal and state partners over the past year since the launch to expand and enhance its 988 Suicide and Crisis Lifeline activities, including expanding its call center workforce through both hiring and retention efforts, training, and improving collaborations, communications and evaluation activities. We have built capacity across all 988 call centers to increase the average in-state call answer rate from 30 percent in 2017 to 80 percent since the 988 Lifeline launched. We have also addressed workforce challenges -- issues that are not unique to Pennsylvania -- by instituting a process that shifts calls from one center to another based on capacity.

But access is just one piece of this critical, life-saving response system. Suicide is preventable and we all have a role to play in saving lives. This volume highlights the need for and importance of having a robust crisis system that is responsive to the needs of all Pennsylvanians. Timely response, de-escalation, and support are necessary in the moment, but our work cannot stop when the crisis has subsided. Suicide prevention requires a comprehensive public health approach. It also requires ongoing resources to help people experiencing a crisis or considering suicide connect to the care and support they need and deserve.

988 and other crisis response lines are important gateways to support, and although the majority of circumstances are resolved by a phone call, follow-up may include the need for mobile crisis teams so trained behavioral health professionals and peers can respond to the crisis when needed and for crisis stabilization centers or walk-in centers to be accessible so individuals in crisis have somewhere to go for assistance with their crisis. These supports are necessary to prevent a person in crisis from unnecessarily ending up in an emergency department or incarcerated where mental health supports cannot immediately help.

As a society, we've made great strides in fostering a more open, empathetic dialogue around mental health. This is giving people the support they need to speak openly about their experiences, get the treatment or care they need, and help others who are experiencing mental health issues for the first time. This is necessary and overdue progress, but as we course correct, we must be sure our caring systems and crisis response infrastructure are able to give the kind of support people need when they seek care or experience a crisis. The crisis system in Pennsylvania needs to expand so every citizen is afforded the opportunity to have their individual needs met and crisis resolved safely and connect them to ongoing support where needed. This will require commitment at both the state and local government levels as well as financial resources. The Governor's Budget Proposal will provide some of the much-needed financial resources if enacted.

Thank you for the opportunity to provide testimony – I look forward to working with you to make this proposal a reality for Pennsylvania's residents.