
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 73 Session of
2015

INTRODUCED BY MURT, BISHOP, V. BROWN, BROWNLEE, CALTAGIRONE,
COHEN, D. COSTA, CUTLER, DeLUCA, GINGRICH, HARHART, HARKINS,
JAMES, KIRKLAND, KORTZ, LONGIETTI, MAHONEY, McCARTER,
MILLARD, C. PARKER, PASHINSKI, READSHAW, ROZZI, SCHLOSSBERG,
SCHWEYER, STAATS, THOMAS AND WATSON, FEBRUARY 9, 2015

REFERRED TO COMMITTEE ON HUMAN SERVICES, FEBRUARY 9, 2015

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 2014; and establishing an advisory committee.

5 WHEREAS, One in five persons 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

1 rehabilitation and a range of other support and treatment
2 services in response to the closure of beds in the State mental
3 hospital system; and

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

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

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

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

17 RESOLVED, That the Legislative Budget and Finance Committee
18 conduct a comprehensive study of changes in access to county-
19 managed community mental health programs between fiscal years
20 2010 through 2014; and be it further

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

24 (1) the amount allocated by each county for contracted
25 services in each fiscal year from fiscal year 2010 through
26 2014 for each of the major community mental health services,
27 including, but not limited to, community residential
28 rehabilitation, inpatient psychiatric services, emergency and
29 crisis intervention, peer counseling, drop-in centers,
30 outpatient services, partial hospitalization, day treatment,

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

7 (2) the number of units of service provided by each
8 contracted entity in each county in each fiscal year from
9 fiscal year 2010 through 2014 for each of the above community
10 mental health services and set forth a Statewide summary of
11 this data;

12 (3) the number of people receiving each of the above
13 community mental health services in each county in each
14 fiscal year from fiscal year 2010 through 2014 and set forth
15 a Statewide summary of this data;

16 (4) the amount spent by each county mental health agency
17 to administer the county mental health program in each fiscal
18 year from fiscal year 2010 through 2014;

19 (5) follow-up information on the living conditions and
20 mental health status of individuals transferred out of
21 community residential rehabilitation services used during
22 fiscal years 2010 through 2014, and set forth a Statewide
23 summary of this data;

24 (6) data on the use of short-term private psychiatric
25 facilities in each county in each fiscal year from fiscal
26 year 2010 through 2014;

27 (7) information on delays, if any, in access to intake
28 for new admissions to mental health treatment services and
29 delays, if any, in access to psychiatric evaluations and
30 medications in each county's community mental health system

1 that have occurred during fiscal years 2010 through 2014;

2 (8) data on the number of inmates with mental illness
3 incarcerated in county jails in each fiscal year from fiscal
4 year 2010 through 2014; and

5 (9) data on the use of emergency rooms in hospitals by
6 individuals with mental illness in mental health crisis in
7 each county in each fiscal year from fiscal year 2010 through
8 2014;

9 and be it further

10 RESOLVED, That the Legislative Budget and Finance Committee
11 seek information regarding access in mental health treatment and
12 services, in each fiscal year from fiscal year 2010 through
13 2014, from the following entities in each county:

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

27 and be it further

28 RESOLVED, That the Legislative Budget and Finance Committee
29 be authorized to establish an advisory committee of
30 stakeholders, including, but not limited to:

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

7 and be it further

8 RESOLVED, That the Legislative Budget and Finance Committee
9 submit a report of its findings to the House of Representatives
10 by December 31, 2015.