



General Assembly of the Commonwealth of Pennsylvania  
**Joint State Government Commission**  
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***Report Summary in Response to House Resolution 268 of 2019  
Behavioral Health Care System Capacity in Pennsylvania  
and Its Impact on Hospital Emergency Departments and Patient Health.***

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House Resolution 268 of 2019 (Printer's No. 1817) called upon the Joint State Government Commission to conduct, in consultation with an advisory committee, a study of "the impact of this Commonwealth's current behavioral health needs and behavioral health care system capacity on hospital emergency rooms and patient health." The advisory committee was composed of representatives of state, county and local agencies, mental health and substance use disorder providers, consumers of mental health and substance use disorder services, and emergency medical service providers. Recommendations fall into three categories, and are more fully explained in the Summary of Recommendations section of the report:

***Recommendations to Align Input:***

- Pennsylvania's health system should increase the tempo of its movement to a person-centered, trauma-informed, integrated practice model focused on positive results for patients.
- The General Assembly could provide tax incentives to any health system, provider, or insurance company that begins or expands provision of integrated medical and behavioral health services.
- All facilities offering ED services to adults presenting with psychiatric and behavior health signs and symptoms should adopt and apply the clinical policies of the American College of Emergency Physicians (ACEP) as they related to the care of persons with mental health and substance use disorder needs.
- Crisis intervention services should be supported and expanded within each county.
- Clarification regarding crisis intervention services coverage requirements should be communicated to private insurers offering mental health and substance use disorder benefits to ensure appropriate coverage.
- There should be no barriers to mental health or substance use disorder services based on the system paying for the benefits, including for uninsured patients. Sustainable, permanent funding streams should be established and maintained for all levels of mental health and substance use disorder services..
- Assisted outpatient treatment should be repealed.
- Efforts to further expand the use of telehealth, and to further deploy high-speed broadband internet services to support the expansion of telehealth, are encouraged.

***Recommendations to Improve Throughput:***

- The Pa. Department of Health (DOH), in consultation with the Pa. Department of Human Services (DHS) should develop a statewide registry for mental health inpatient beds.
- All facilities offering ED services should provide training to all staff on how to recognize persons with substance use disorder and psychiatric conditions and how to appropriately respond to those encounters.
- Emergency medical services (EMS) personnel should be offered continuing that includes training on mental health and substance use disorders.
- DOH should develop protocols on alternative destinations to assist emergency services personnel in making non-emergency department diversions when appropriate. Active oversight through medial direction, including online oversight, and assured reimbursement for appropriate transport to alternative destinations are also necessary.
- Efforts to enforce and improve compliance with mental health and addiction parity laws are supported and encouraged.

***Recommendations to Increase Quality Output:***

- Regional/localized dedicated psychiatric emergency departments should be established in areas that are currently underserved.
- Alternative programs within hospitals and emergency departments, as well as community based alternative programs designed to prevent emergency admissions, relapse and readmission, or provide non-inpatient discharge and referral options, should be implemented, as appropriate. DHS and DDAP could provide guidance on minimum requirements to be met by various models that could be adopted.
- Mental health programs and facilities in rural areas are scarce. DHS could provide guidance on the development of programs specifically designed to address rural areas.
- A student loan forgiveness program could be implemented for qualified college graduates entering the mental health, intellectual disability, and substance used disorder treatment professions.

\*\*\*It should be noted that the recommendations contained in this report represent the general consensus of the Advisory Committee. They are not unanimously endorsed and should not be considered the official position of some of the organizations represented on the committee.\*\*\*

The full report is available on our website <http://jsg.legis.state.pa.us/>