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Testimony submitted to the House Democratic Policy Committee, Public Hearing on Licensing and Inspection Process for Philadelphia Mental Health Clinics

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Introduction

Good Morning Honorable State Representative Angel Cruz and State Representative Leslie Acosta. I want to thank you for the opportunity to testify today is this important hearings. My name is Hector Ayala and for the past 10 years I have been the President and CEO of Hispanic Community Counseling Services (HCCS) an outpatient mental health facility providing services in the Kensington area. I have more than 20 years in practice devoted to community based organizations. HCCS as a community based organization is an integral part of the managed care solution in North Philadelphia. Experience, wisdom and on-the-ground expertise specializing in serving high needs consumers in community based organizations like ours. Community integration is the aim of consumer recovery and part of our mission. We know the communities and the neighborhoods where we operate.

I am also the co-founder and co-chair of the Latino Behavioral Health Coalition (LBHC). The LBHC represents 8 Latino Provides throughout Philadelphia. The Coalition is the umbrella nonprofit association of Philadelphia's behavioral health providers who primarily serve the Latino community. Collectively in a year we serve more than 35,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse North Philadelphia and surrounding areas. Founded in 2011, the mission of the Coalition is to improve the quality of Behavioral Health Services to our communities through leadership and advocacy. We are committed to coordinate the efforts of the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The HCCS and Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders while providing urgent un-funded social services and referrals. The Coalition looks forward to continuing our work with under DBHiDS and CBH on issues concerning the future direction of mental health and substance use disorder services and systems for the Latino community.

As I understand the purpose of this hearing is to talk about discuss the licensing and inspection process for Philadelphia mental health clinics. However, I would like to address also the challenges as well as the ongoing efforts of the Latino Providers towards improving of the provision of quality of care.

For nearly a half-century, publicly funded, community-based outpatient clinics have served a vital role in providing psychiatric and substance abuse treatment and related behavioral health supports to children and adults in communities across Pennsylvania. Outpatient clinics have been the foundation of the public behavioral health system, serving as a safety net for the state's

most vulnerable populations. Tens of thousands of low-income citizens use outpatient clinics as their primary source of behavioral health care. Today, behavioral health outpatient clinics face serious challenges that are eroding their quality of care and threatening their very existence. It is in the interest of all the stakeholders – consumers, family members, service providers, county systems, and state government – to come together to face these challenges and transform Pennsylvania's behavioral health outpatient service system into a recovery and resilience-oriented resource for the next fifty years.

For decades, thousands of Philadelphia's residents have struggled to access affordable, quality mental health services needed to lead happy, healthy lives. They suffer from endless battles with insurance companies over coverage and limited numbers of facilities or providers with necessary expertise and availability, as well as stigma and discrimination that prevents them from seeking help and hinders their ability to recover and participate in community life. Many of our consumers and families are dealing with very complicated issues that are rooted in multigenerational socio-economic, emotional and psychiatric problems. We service a community with high levels of trauma based on domestic violence, substance abuse, violence, high levels of incarceration, high unemployment, and lack of education or poor access to better education. Today, we have an opportunity to critically examine the sources of the access, quality, and affordability problems in the current mental health system and to take comprehensive action to solve them.

There is an urgent need to rethink, reform, and restructure an archaic and inflexible system for providing publicly-funded behavioral health outpatient services in Pennsylvania. The current system was formulated almost fifty years ago and is out of step with the philosophic, operational, and financial realities of the 21st century. In order to meet the needs of a new generation of consumers needing behavioral health services and supports, and to ensure that outpatient service providers can continue to operate in a time of financial uncertainty, the behavioral health system in Pennsylvania must begin to implement a fundamental transformation of the system for providing outpatient services.

Publicly-funded outpatient clinics have been a cornerstone of the community-based behavioral health system in Pennsylvania since the enactment of the Mental Health and Mental Retardation Act of 1966. The central goal of that landmark legislation was to redirect mental health treatment away from large, crowded, and geographically-isolated state mental hospitals into community-based programs (Felty, 2007).

The 1960's movement toward deinstitutionalization in Pennsylvania was a part of a sweeping national transformation of mental health services that was inspired by the civil rights movement and a renewed commitment to individual rights and civil liberties for all Americans, including people with mental illness (Rochefort, 1984). Another seismic shift in behavioral health policy has occurred during the first decade of this century. The 2003 President's New Freedom Commission (NFC) on Mental Health posed a fundamental challenge to the behavioral health system in the United States when it concluded "...that the system is not oriented to the single most important goal of the people it serves – the hope of recovery." The NFC defined recovery as "the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery and resilience is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms."

In 2005, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) endorsed the NFC report and made the commitment to establishing a recovery and resilience-

oriented behavioral health system in the Commonwealth of Pennsylvania. OMHSAS urged county behavioral health systems and service providers to incorporate the recovery and resilience-oriented tenets of self-determination, hope, empowerment, and choice into restructured services that support people reaching their full potential as individuals and community members (Pennsylvania OMHSAS, 2005).

The OMHSAS mandate was clear – it was time for systems change. While Pennsylvania's behavioral health system has been an innovative recovery and resilience-oriented pioneer on many fronts, this has not been the case in regard to publicly-funded outpatient services. The current system is rooted in an antiquated medical model that focuses almost exclusively on symptom reduction, the individual's presenting problem, and hierarchical relationships. The rules and regulations governing Pennsylvania's outpatient clinics are antithetical to delivering holistic recovery and resilience-oriented services that promote wellness and community integration. However, many modern-day consumers and families are demanding a model of care that facilitates recovery and resilience, prioritizes self-determination, and emphasizes building a meaningful life in the community. The Pennsylvania outpatient clinic of the 21st century needs to be transformed into a community wellness center that addresses the whole person through integrating consumer-directed treatment planning, individual, family, and group therapies, case management, peer support, physical health treatment, social services, substance abuse services, vocational rehabilitation and an array of other supportive services. If outpatient care is going to be aligned with the principles of recovery and resilience that are being espoused by OHMSAS, there needs to be a comprehensive overhaul of the current regulatory and funding system that creates disincentives to recovery and resilience practices.

Not only does the current system erect barriers to recovery and resilience and community integration, it also perpetuates inefficiency and inflexibility that undermine the ability of agencies to provide basic, quality outpatient services. Agencies are hindered by excessive paperwork, redundant inspections, inflexible staffing requirements, antiquated regulations, and rigid procedural policies that do not improve the quality of care but only add time-consuming and costly diversions from the core mission of providing services to individuals. There is a pressing need for OMHSAS, behavioral health managed care companies, and county behavioral health departments to collaborate and implement reforms that reduce unnecessary operational burdens on agencies providing outpatient services.

Finally, the economic realities of the current fee-for-service system for funding outpatient services to Medical Assistance recipients in Pennsylvania has resulted in agencies operating outpatient programs at a deficit. In a time of economic downturn and government cutbacks, it is becoming increasingly difficult for agencies to tap funds from other services to counterbalance the expense of operating outpatient services. County governments cannot afford to subsidize outpatient clinics. The status quo is simply not sustainable. The reimbursement rates for outpatient services must be increased, essential services that are currently unfunded need to become eligible for reimbursement, and other creative options for funding outpatient services need to be seriously considered.

Conclusion

For nearly a half-century, publicly funded, community-based outpatient clinics have served a vital role in providing psychiatric treatment to people in communities across Philadelphia. Outpatient clinics have been the foundation of the public behavioral health system, serving as a safety net for the state's most vulnerable populations. Tens of thousands of low-income citizens use outpatient clinics as their primary source of behavioral health care. Today, behavioral health

outpatient clinics face serious challenges that are eroding their quality of care and threatening their very existence. I want to urge to make funding to neighborhood community based agencies for outpatient mental health services a priority. In it is in the interest of all the stakeholders – consumers, family members, service providers, county systems, and state government – to come together to face these challenges and transform Pennsylvania's behavioral health outpatient service system into a recovery and resilience-oriented resource for the next fifty years. With your support and vigilance we can continue the utilization of best practices and the continuation and expansion of most needed services. Thank you and all those present for your leadership and for the opportunity to present this testimony and I will be glad to answer any questions.