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On behalf of the Mental Health Association in Pennsylvania
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Good morning. My name is Debbie Plotnick. I am the Director of Advocacy for the Mental Health Association of Southeastern Pennsylvania (MHASP). I've come to speak to you on behalf of all the affiliates of the Mental Health Association in Pennsylvania (MHAPA), a statewide advocacy organization that has 16 affiliate chapters across the commonwealth.

MHAPA and its affiliates work on behalf of the citizens of Pennsylvania, instilling principles that facilitate the recovery and resiliency of individuals with mental health conditions and their families through advocacy, education, and public policy. We seek to promote the best practices and standards of excellence for creating a just, humane, and healthy society in which all people are accorded respect, dignity, choices, and the opportunity to achieve their full potential free from prejudice and discrimination.

Thank you to the chairman and committee members for allowing me to testify on the repercussions of the recent budget. As you have heard from Dr. Heller and you will hear from others today, Pennsylvania has been a national leader in recovery transformation and peer services. What that really means is that our state has been the nation's leader in creating models that have proven to be evidence-based practices that facilitate fulfilling lives for people with serious mental health conditions in the community. And Pennsylvania has showed the nation how these programs not only bring dignity and community inclusion—they provide a good return on investment to the commonwealth. Time and again, these programs demonstrate that, with the right kinds of supports during crucial periods, people can go from being high users of the most expensive services and recipients of long-term disability payments to contributing, taxpaying members of their communities.

At MHASP, the largest of MHAPA's affiliates, almost all of our employees are people who have lived experience of a mental health condition or are family members of such individuals. These people are the evidence that recovery is real and that community inclusion and peer supports and psychiatric rehabilitation work. We don't just talk the talk; we demonstrate recovery and inspire hope every day.

The 10% cut to county funding has been devastating to many programs and efforts that support recovery for the MHAs in Pennsylvania. In counties that are approved for the block grant, those mental health dollars can be cut even more, since counties are only required to spend 75% of what had been the community mental health dollars on mental health programming, and that requirement can be waived if the county requests it. Our fear is that counties will have a shortfall in other human service areas and will then use what had been community mental health dollars to fill that gap.

We are very concerned about the Corbett Administration's clear intention to go statewide with the block grant in next year's budget before there is any serious evaluation of whether it worked or not. In fact, no independent evaluation of the block grant's success or failure is planned, despite the fact that a pilot generally includes a thorough evaluation piece before moving forward.

Among the piloted, tested and proven programs that have suffered devastating losses that have come about at my affiliate – the Mental Health Association of Southeastern Pennsylvania – due to FY 2012/2013 budget cuts totaling $1.2 million are the complete loss of eight programs:

- Compeer Philadelphia and Bucks counties
  - This evidence-based practice of supported friendship and mentoring matches people with mental health conditions with others in the community.
  - Many of the Compeer volunteers were people who themselves had lived experience with mental health conditions, allowing them to further their own recovery by helping others and modeling recovery to their new friends.
- Friends Connection Philadelphia
  - This was an evidence-based peer support program for people with co-occurring mental health and substance use conditions. More than 60 service participants were left with no other co-occurring peer program in the Philadelphia.
- Health Check Philadelphia and Montgomery County
  - This program provided what was, for many, the only medical checks and referrals to medical care that its participants had had in years. This program's users were people with chronic and severe mental health and medical conditions. This is a major loss to the region.
- Recovery and Education Centers (formerly known as drop-in centers): Bryn Mawr, Abington, Chester City, Lansdale, Northeast Philadelphia

- Rainbow House in Bucks County: a social, vocational, psychiatric rehabilitation program
- Cuts to family and youth programs, including:
  - Asian Family Advocacy program: this was the only program that provided culturally appropriate education and support to Asian families, and is a huge loss to Philadelphia's sizable Asian community.
  - Youth Systems and Policy Advocacy: this was the elimination of a position that allowed a systems advocate to interface with the other youth-serving systems, and from which there has been a history of successful coalition building, model creation and pilot programs.
  - PEAK (Parent Empowerment through Advocacy and Knowledge): a parenting education for parents of youth with mental health conditions.
  - PIN (Parents Involved Network) in Montgomery County: advocacy and support for parents of youth with mental health conditions.
  - Parenting Plus (parenting education classes for parents with mental health conditions): demand has stretched to the limit because this program keeps parents from seeking expensive services and keeps kids out of foster care. But while demand has increased, funding has been "chipped away" over the last few years.

In addition to program losses to consumers and families, 13 staff positions (in Philadelphia, Bucks, and Montgomery counties) have been lost. Almost all of those who lost their jobs were people in recovery who used to receive benefits and use services but who, up until the layoffs, were fully employed taxpayers strongly maintaining their own recoveries through helping others.

In Allegheny County, the state budget cuts to mental health funding have resulted in its MHA affiliate taking a 20% reduction in county funding, its largest source of support. This funding provided support for the following four programs:

- Adult Advocacy, which provides advocacy on behalf of mental health consumers on systemic as well as individual issues in Allegheny County. The Adult Advocates also provide advocacy services for individuals in the Acute Community Support Plan (ACSP) and the Community Support Plan (CSP) processes who have complex mental health needs and are currently experiencing psychiatric hospitalization. The role of the advocate is to ensure that consumer voices and choices are heard and recovery principles are honored throughout the process.
- Education Advocacy, which works collaboratively with parents, school districts, providers and other child service agencies to ensure that the educational needs of children who

receive special education services, or who may be in need of such services, are appropriately addressed.

- Public Education offers information and educational programs to community-based, faith-based, human service and other organizations in unserved or underserved communities as a way to raise awareness of mental illnesses, and to encourage individuals to seek support and/or treatment, if necessary. Community Outreach activities also include organizing individuals with disabilities in activities of civic engagement to ensure inclusion in the community through projects like Let Our Voices Be Heard and The Disability Voting Coalition of Pennsylvania.
- Legal Advocacy offers legal consultation and/or representation on civil matters for individuals receiving treatment and support services through the community mental health system. The 20% reduction in Allegheny County funding has resulted in the discontinuation of the Legal Services Program, which for the past 20 years had been a vital resource in the community as the only pro bono legal support specializing in assisting individuals experiencing symptoms of a mental illness for civil matters such as landlord/tenant disputes, consumer rights, child custody, and divorce.

  There remains a gap in services sensitive to the complex needs of this population. While there are other legal services in Allegheny County that take similar cases, these attorneys are not trained to understand the impact of stigma and discrimination on the lives of individuals with mental illnesses, nor how to work appropriately with individuals who may be experiencing symptoms of mental illnesses. MHA of Allegheny County reports that, upon hearing about the cessation of its legal services program, several agencies called with their concerns about how challenging it is for their attorneys to work with individuals who have a mental illness and that they relied on being able to refer clients. This program was the only Allegheny County source of legal counsel that specialized in working with individuals who have mental illnesses. Its single, part-time attorney received over 1,200 calls from individuals seeking legal counsel and represented more than 60 clients each year.
- Reduction in staffing for the Education Advocacy Program, which has been reduced to one full-time and one part-time advocate instead of two full-time advocates. However, the need for this service has not changed. In fact, only one week into the school year, there is already a two-week waiting list for services.

Of course, it is not only the state's two largest regions that have been severely hurt by these unprecedented budget cuts. MHA of the Central Susquehanna Valley also reports debilitating cuts to its Compeer programs. And MHA of the Capital Region (MHACR) – the Cumberland/Perry county joinder – relates that the services of therapists for both county prisons have been severely reduced, and a staff position that served people in supported employment has been eliminated. Additionally, its training budget was completely cut from the MHACR contract with Cumberland/Perry counties. This means that there will be no money to support consumers going to trainings and conferences and no funds for provider trainings.

Washington County MHA operates seven programs and includes advocacy. Its 2011 budget, which was $1,865,307, took a 10% cut of $186,530 for fiscal year 2012/2013, totaling $169,960. To accommodate the cut, MHA of Washington County laid off or did not fill four positions, including:

- a 20-year veteran Program Director (laid off);
- an afternoon nurse at the Long-Term Structured Residence (LTSR) (unfilled vacancy);
- a tech at the LTSR (unfilled vacancy);
- a Representative Payee staff person (laid off).

Additionally, MHA of Washington County reports operating cost reductions by reducing morning hours at the drop-in center by 15 hours per week. Although they did not eliminate any programs, they know that another 10% cut would wipe out five of their seven programs. It would eliminate the parent advocate, the representative payee, the MPR, the drop-in center and the warmline. That would include four more full-time positions plus about 10 part-time consumer-filled positions. They would preserve their two residential programs to protect their residents. With no state hospital designated for their county, the LTSR is the only community non-hospital-based secure program.

MHAPA has lost all of its state funding from the Office of Mental Health and Substance Abuse Services (OMHSAS), which is approximately 25% of its total budget. OMHSAS funding supported MHAPA efforts that include the following:

- Stigma reduction programs: individuals with mental illness encounter stigma and discrimination in their daily lives and, although we have made some progress in reducing stigma, it is still prevalent. Why is that important to the public system? It impacts the individual not only in terms of seeking needed treatment earlier but also in obtaining

housing, employment and successfully achieving a life in the community that allows for less reliance on the public system.

- Promoting the use of mental health advance directives: in 2004, House Bill 2036 was signed into law, making it Act 194 of 2004, which allows individuals to create a mental health advance directive. The use of an advance directive promotes planning ahead for the mental health services and supports that an individual may want to receive during a crisis if someone is unable to make decisions; to a significant degree, it puts the decision making responsibility in the hands of the individual. It also focuses on wellness and recovery planning and is a critical tool for living successfully in the community. MHAPA has provided leadership in the development and production of advance directive guides and trainings for providers and consumers.
- Statewide communications: MHAPA developed online avenues to communicate information regarding mental health issues for consumers, family members and advocates. It has a readership of 2,000 individuals, and the avenues are valuable resources for individuals and families who do not come to Harrisburg but depend on statewide organizations for help and updated information.
- Mental health and juvenile justice efforts: MHAPA provided leadership for the family involvement element of the MacArthur Foundation Models for Change – Systems Reform in Juvenile Justice. As a result of these efforts, the mental health values of family inclusion have been embraced by the juvenile justice leadership in Pennsylvania. The Family Involvement curriculum was developed and an MHAPA staff member, who also serves as an external advocate in the state-operated juvenile justice facilities, is a certified trainer. The Family Involvement training is a 1.5-day training that focuses on serving families with youth who also have behavioral health needs within the juvenile justice system. This training is geared for juvenile probation officers and others who provide services to youth with behavioral health needs who are involved in the juvenile justice system. Support of this training is critical in helping the many youths with behavioral health challenges and their families that touch both the mental health and juvenile justice systems.
- MHAPA staff responds to hundreds of calls, emails and even drop-in visits from individuals seeking information and/or advocacy, and they either provide it or refer them to the appropriate local or statewide organization. MHAPA helps individuals to navigate a very complicated system.

Perhaps the most devastating result of the budget has been the elimination of the General Assistance (GA) program. GA provided a temporary leg up to individuals just beginning their recovery journeys and those coming in off the streets. For many of its 70,000 recipients, it literally meant the difference between a room in a boarding house or a shelter or living under a bridge.

The complete loss of GA is also increasing referrals to the SSI/SSDI application assistance program, the SSI/SSDI Outreach Access and Recovery program (SOAR). Since July 2012, when the state announced the general assistance cash benefit was to be eliminated effective August 1st, 2012, MHAAC reports that it has been inundated with referrals to SOAR, which assists individuals who are homeless or at risk of homelessness and have a mental illness with their application for SSI/SSDI benefits.

In Philadelphia, the Corbett Administration has cut funding for a SOAR program that is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the gold standard for helping homeless people with disabilities get federal benefits. The state's Department of Public Welfare gave Philadelphia's Homeless Advocacy Project only one month's notice that it was eliminating their funding of $722,000 used to help obtain Supplemental Security Income (SSI) money for homeless or near-homeless people who had exceeded their five-year limit for welfare benefits. DPW said that they made the cut because the state is "reprioritizing" funding toward programs that emphasize work and would be better able to focus better on job placement and retention – despite the fact that the Homeless Advocacy Project has been responsible for obtaining disability benefits for 566 clients, worth a minimum of $381,484 monthly and $4,577,808 annually, since 2009. This is a short-term gain for a long-term loss, which includes individuals remaining homeless, utilization of more costly types of healthcare such as emergency rooms, and unnecessary involvement with the justice system. Without the work of SOAR programs, individuals with mental illnesses may never achieve the level of recovery they need to take advantage of job placement and retention programs such as the ones that are now such a high priority for the Corbett Administration

One bright spot is that innovative models for peer-delivered services that are community-based using Certified Peer Specialists (CPSs) are now a Medicaid-reimbursable service in Pennsylvania. The downside is that these new programs serve only those enrolled in Medicaid, as there has been a dramatic shift from program funding to fee-for-service:

- Programs that have been cut from the state's MHAs were often the ones that helped people without services connect to services and benefits, and, most importantly, served people when they do not want or do not qualify for benefits, which kept them from over-utilizing the most expensive services, such as ERs, crisis centers, and jails.
- Fee-for-service only limits the MHAs' ability to create and pilot new program models; and program and reinvestment dollars are what facilitated Pennsylvania's becoming a national leader in the Recovery movement.
- Fee-for-service only allows the MHAs to serve those who are most in need and have the highest service utilization, and forces people to wait until things are very bad and they are very poor.
- Fee-for-service disallows payment for outreach and engagement. Therefore, even people who do qualify are not being connected to services, and thus become sicker.
- Fee-for-service only precludes MHAs from working with people at the earlier stages of illness to prevent disability and use of the most expensive services.
- Fee-for-service only is cost shifting. Rather than saving money by sharing services/medical costs with the federal government, it really costs more money because people are sicker and therefore cost more, but fewer people are served.

In fact, the outcome of all of the cuts to the cost-effective programs and services just outlined will result in cost shifting. Counties, local hospitals, police departments, and county and state jails will see increases in the demand for their services. And the costs will be passed on to county taxpayers.

Thank you.

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