

**Testimony to PA House Human Services Committee
Mental Health Hearing
September 11, 2012**

Tears in the Safety Net

Thank you so much for holding this Hearing to learn of the current state of affairs in Community Mental Health Services in our Commonwealth . This opportunity to provide this testimony is greatly appreciated. Feel free to ask questions during my testimony and I will do my best to respond along the way.

My name is Lloyd Wertz. I have over 35 years of experience in Community and residential services primarily devoted to serve individuals with serious mental illnesses, intellectual disabilities, addictions, and folks who are aged. I have also served as a County MH/ID Administrator and currently work with Family Training and Advocacy. We offer assistance to Programs across the Commonwealth to help them more effectively engage families and others in the Treatment Processes for Persons in Recovery. More importantly, I had a father who suffered from mental illness for years before his premature death in 1981. I know, and have felt the deep hurt of that which I came here to speak today.

There is a certain level of basic Human Service support that varies from County to County throughout our Commonwealth. It may include "higher end" services like Specialized Supportive Living and Mobile Crisis Peer Support to prevent unnecessary Acute Inpatient admissions or simply a very understanding local Police Chief who has a working relationship with the Mental Health, Intellectual Disability, and Substance Abuse Programs. In addition, there have been many years of service development to help keep those with Serious Mental Illness, Addictions, and Intellectual Disabilities from "bottoming out" and hurting themselves, harming family members and others, or committing crimes when they find themselves in a Crisis situation. These arrangements have stood the test of time in offering a "Safety Net" of sorts in urban, suburban, and very rural locales. There has been a great deal of reference to this "Safety Net" over the past several months of discussions leading up to the recent, disastrous budget cuts.

As we consider the problems to which these "systems" may respond, we offer the following to demonstrate the variety and immediate needs which might be involved:

A young mother, living alone with her three-year old and having very limited financial assets and no capacity to provide for Health Insurance has discovered that her child's language development is not progressing nearly as well as many of the other children who came to the local Day Care "Open House" which she recently attended. She is beginning to notice significant differences in her child from others who are close to her age and does not know where to turn. One night, her daughter seems to show the symptoms of a heart attack and is writhing on her bed. She calls 911 and, when the EMT comes to her home, her daughter seems to have "come out of it" and is no longer in danger. Where will she turn to learn if her child has a seizure disorder and what might be its cause? What other issues of delayed development might be involved? How can she get the help she needs, while continuing to work her low-paying, part-time job? Are there tears in her Safety Net?

A 19 year old male comes home during Fall break in his Freshman year and seems to feel that the walls in his room are literally closing in on him. He has difficulty making it to his classes at the University and cannot seem to concentrate and study, as most of his friends are able. He knows that expectations for him are very high, from his parents, grandparents, younger siblings, and former teachers. The young man's parents start to worry that he is not getting out of bed until the early afternoon and has even missed some suppers while remaining in his room for the entire day. They think they hear him in conversation with others while alone in his room. But, when they knock on the door, the conversation ends. While his old friends have called, none have come by to visit and he's not gone out of the house to meet them at their former haunts. When will the breakdown occur for this young man? Where will he turn for follow-up to his crisis? If he needs residential programming, will it exist for him? Are there tears in his Safety Net?

After her divorce, this 38-year-old started seeking the "good times" that she'd enjoyed in her youth. She found the "club scene" to be immature and sought other venues for her recreation. One night she ended up at a house with a number of people younger than she, but who all seemed to have the same desire to "float" on the same level—with heroin. First she smoked a little, then she shot a little, and very soon she was living for the next "high." Her two children noticed changes in her and started to ask to "sleep over" at their grandparent's house, something the woman was happy to allow. Last night she found herself in a hallway, half-naked and severely beaten. She vowed to never "use" again. Two hours later, she was begging the familiar looking dealer who "helped" her last night. Will there be tears in her Safety Net?

The 88-year old man sat on the porch of his apartment in the Retirement Community. He lost his wife three years ago, and with her he lost his stability and reason for

living. He got up each day; thought of her; and, on some days, even prayed to be with her. He went to the Doctor yesterday and heard that he should be tested for prostate cancer that "may have" shown up in a blood test. He checked his closet and found that the .44 caliber pistol was right where he'd left it when they moved here, nearly seven years ago. He knew he'd need to get bullets and looked up a store in the Yellow Pages. What about the tears in his Safety Net?

When each of these folks goes searching for help in your community, will it be there for her or him? Will the Community services that have developed over time still be intact to serve them? Or will the tears in their Safety Net lead to many, many Tears streaming down the saddened faces of their loved ones as they attend their funerals, make call after call to secure a counselor for them, or go to visit the prison where they went after the arrest?

The "Safety Net" as we have come to understand the concept takes on different shapes and varieties in the 67 Counties throughout our Commonwealth. There are assorted competencies across our mixture of urban, suburban, and rural Communities which have been carefully knit together to frame "safety nets" which support the most vulnerable of our Pennsylvanians. I am here to tell you that the stories we have received, even during this short time in the wake of the enacted 2012/13 budget, are heart-wrenching and expose us to a set of very cold realities about the destruction of this formerly delicately woven "Safety Net." Our Persons in Recovery and their families and friends will be paying a very high price for the decisions proposed by this Administration and approved by majority vote in this Legislature.

Furthermore, these decisions present a false economy. Do any of you really believe that, by simply reducing the expenditures allocated to address these problems; they will go away or become less of a burden to the Commonwealth? No one, with any experience and appreciation for the history of development of intricate and interdependent Community Mental Health and Intellectual Disability Services can sincerely express a belief that a simple budget reduction will reduce the cost of these services and relieve the burden and responsibility of care for individuals in crisis.

While I am reticent to project the dark underbelly of improperly treated Mental Illness and Addictions in the context of criminal behavior, there have been already and will increasingly be a number of individuals who will commit crimes, some of them violent, when treatment is reduced or eliminated. They will require longer term, higher cost treatment in Inpatient and Acute Settings; or, in the absence of those settings and the Community supports upon which they have depended for years, become part of the Criminal Justice system. All of these options will result in much higher costs to the Commonwealth, payment for which will not be an option of Administrative

budgeting and Legislative approval, rather they will create increased costs which will be paid based upon medical need and Judicial mandate, not to mention injuries and loss to neighbors and families who might be harmed. We propose that these costs will dwarf those recently enacted reductions to the services in the Community.

It may be of interest to those Legislators in attendance to know that the actual implementation of the Enacted Budget, in the form of Allocations to the County Programs, has been a full 10 percent budget reduction, not a lower level of reduction with some passed on to be assumed by the State Mental Hospital Budget, which actually increased. We hope this does not indicate an intention to supplant the services formerly provided in the Community with those offered in the high cost, institutional settings of the State Mental Hospitals and Centers for the Intellectually Disabled.

Please let me share one more story, this one about Lydia, a "still young" woman from the south-central section of Pennsylvania. Our story starts with Lydia in her third year of undergraduate studies at a State University, majoring in Secondary Education. She started having signs and symptoms of Obsessive-Compulsive Disorder that quickly degenerated into Paranoia, Psychosis, with signs of Panic Attacks with little or no warning. It became obvious that she could not return to school for the second Semester of her Junior Year and remained in her parents' home becoming more out of touch with reality on a daily basis. Her parents grew increasingly concerned, but sheltered their daughter for several months. They sought treatment options for her only to have her repeatedly refuse to participate. At one point, she refused to eat anything canned or from the Grocery Store, rather only things that her parents brought home from a fast food restaurant; and, then, only if she was the first to remove them from the carry out bag.

Her parents were friends with another parent with a mentally ill offspring whom they asked to visit Lydia. Through her efforts, Lydia became part of an Assertive Community Treatment Team. A Social Worker engaged her and her family in their home with a Psychiatrist coming to visit her, often on a weekly basis. At one point, a seasoned psychiatrist referred to her as "one of the sickest persons I've ever encountered. While she continued to refuse any medication, the Team finally decided to petition the court for involuntary inpatient treatment due to her inability to care for herself. At that time, she finally agreed to "try" medication in order to stay out of the hospital.

Shortly thereafter, Lydia began to show significant improvement in reduced symptoms and her ability to return to a moderate level of daily functioning. She began to shower regularly for the first time in over six months. She gained back some

of the weight she'd lost. With the support of her ACT Team and her family, she could leave her home occasionally.

The following Fall, she was able to gain assistance through the nearby Office of Vocational Rehabilitation and returned to the University to resume her studies. That was nearly two years ago. She has completed her Undergraduate Degree and now is seeking the additional credits to become certified in her life long career choice of Secondary Education, while she continues to receive support from outpatient counseling services near her home. While there are other details of Lydia's journey both before and after her having found her course to Recovery, there is no denying the meaningful and absolutely necessary involvement of Professionals, including Peers, volunteers, and others providing supportive services to help her along the way, all part of what turned out to be her un-torn "Safety Net.

This is the type of story we can share about the Intact Safety Net—one with no tears and, thus, fewer Tears. Will this Safety Net be available when you, one of your loved ones, or one of your constituents is in a position similar to Lydia's in the years to come?

We hope you see the reasons and high need to take action and restore these services to full functioning levels, which we have proudly come to know as Pennsylvania's Recovery Oriented Mental Health Service System. We need to feel proud of that capacity once again.

We deeply thank you for your time and attention.

Respectfully Submitted,

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