Testimony
James W. Jordan, Jr., Executive Director
NAMI PA
September 11, 2012

Good morning Chairman DiGirolamo and members of the House Human Services Committee. My name is Jim Jordan and I am the Executive Director of NAMI PA, the state chapter of the National Alliance on Mental Illness. NAMI PA represents 60 affiliates across the state. We are the largest mental health membership advocacy organization representing families and consumers in Pennsylvania. Our mission is dedicated to helping mental health consumers and their families rebuild their lives and overcome the unique challenges posed by severe and persistent mental illness. We are grateful for the opportunity to discuss mental health services in Pennsylvania.

First, we want to recognize the serious fiscal challenges facing the state and the desire on the part of policymakers to protect our fragile safety net for those most in need. We believe community mental health services are an important part of that safety net and prevent and eliminate the need for more costly treatment settings.

Over the years, treatment has moved from care provided in institutional settings to less restrictive, community settings. This has been reflected in PA with the closing of a number of hospitals in our State Hospital system. However deinstitutionalization doesn't mean the need for care goes away. As care shifts from institutional settings, the need for a community support structure dramatically increases.

That is where NAMI PA and other organizations before you today play a key role in meeting those needs. We help to provide that critical safety net at the local level that helps and enables individuals and their families to effectively manage their disease. With more effective care, consumers are able to avoid more costly institutions and treatment settings, such as in-patient care, emergency rooms, and our criminal justice setting. Disease management and adherence to treatment also helps prevent homelessness.

NAMI PA offers a variety of programs that are designed to support consumers and families and provide them with the support and tools they need to remain in their homes and communities. We are often the bridge to receiving appropriate medical treatment. Examples of the types of programs provided by NAMI PA and our affiliates include:

- Forensics Trainings for criminal justice professionals, including district attorneys, district magistrates & police forces, which helps them better understand and more effectively manage individuals with mental illness to achieve better outcomes and prevent recidivism;
- Faith-based training for ministers and church leaders to help them provide support within their church community;
- NAMI Connection, which provides consumer-specific, support group meetings;
- NAMI Family Support Group meetings;
- NAMI Basics, an educational program for parents who have children with mental illnesses which is geared toward helping parents at home and in working with their school system;
- Provider training, which provides input to providers from a NAMI team comprised of consumers and family members concerning the impact of service and support they provide (this is a very effective process that builds better understanding for providers participants and for the teaching team of consumers and family members);
- Family to Family Education, which helps family members better understand and manage their loved-one's illness;
- Peer to Peer consumer mentoring program; and
- In Our Own Voice, which helps fight stigma by training consumers to make presentations to groups like Rotary Clubs, Lions Clubs, PTA organizations, police training programs and others to better understand mental illness and to meet persons who are effectively managing their illness.

For individuals, families of consumers, and others, these programs provide tools for better understanding the disease, more effectively managing the disease, and most important, enable individuals with mental illness to remain in the community and avoid costly institutional setting. Additionally, many studies indicate that receiving appropriate mental health care is key to reducing non-behavioral health related medical costs.

There are several initiatives at the state level that we believe are negatively impacting consumers and do not make long-term financial sense.

Block Grant

Our obvious concern with the proposed block grant is that community mental health services will not just be reduced, but that programs will be eliminated entirely in some counties. We saw evidence of programs being eliminated through the most recent budget process. We do not believe this makes sense economically, and that ultimately, you will see the effects of unmet needs through increased utilization of doctors, increased emergency room visits, disruptive behavior in schools, increased incarceration, and increased homelessness. Furthermore, we believe providing community mental health services is a state responsibility.

In addition, we believe that the block grant process needs to be tested on a smaller scale prior to full implementation. OMHSAS has no experience with the new process and they are not able to benefit from lessons that will be learned. If the block grant is fully implemented through the coming budget process there is no operational experience which will allow adjustments in the system. This is a major change in a system that will impact thousands of consumers and family members. **Testing the system is essential if we are to ensure that the system accomplishes its intended goals.**

Access Restrictions to Treatment

We are concerned with policies that restrict access to effective pharmaceutical treatments, which not only increase the red-tape and paperwork for health care providers, but require children and adults to "fail first" on cheaper drugs, before being able to access new drugs that might have fewer side effects or be more effective. We believe this is especially cruel and inhumane for children. Studies indicate that every time a patient fails a drug trial, there is a diminished rate of response to subsequent drug trials, and it is the taxpayer who pays for those long-term costs. Additionally, if a person is forced to "fail," and has a psychotic episode, there can be serious consequences. **We believe that the treating provider and the consumer are the most appropriate agent to determine care, we support open access to psychotropic medications.**

Cost Saving Initiatives that Ultimately Increase Costs

We support a comprehensive systems review of funding reductions and the impact of these reductions. In 2001, the percentage of persons with mental illness in the state corrections system and county jails was approximately 13%. In 2012, the approximate percentage is 20%. The percentage of persons who are now homeless with a mental illness is also dramatically higher. We do not believe least restrictive environment means a jail cell or a park bench. **We strongly encourage OMHSAS to have a comprehensive review of all resources the mental health system provides.** Transfer from one institution to another even more restrictive institutional setting is not cost effective and is not the correct direction for our system. **In a systems review process we suggest that other impacted State Departments should be involved including the State Department of Corrections, the State Department of Substance Abuse, Representatives of County jails, County Mental Health agencies and advocacy organizations. There should also be opportunities for legislative input.**

The number of people suffering from mental illness will not decrease. But through community mental health services and access to appropriate treatment, we can help meet the unique needs of individuals with mental illness, keep children living with their parents and in school, keep adults in treatment, and reduce the demand for more expensive services.

Again, thank you for the opportunity to participate in today's hearing.

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James W. Jordan, Jr.
Executive Director
NAMI Pennsylvania
2149 North Second Street
Harrisburg PA 17110
717-238-1514 office
717-238-4390 fax