

Testimony for Senate Bill 226 (Oct 2, 2007)

I've been a member of NAMI (National Alliance on Mental Illness) since 1988. For thirteen years, I was the Contact Person for our Main Line PA NAMI affiliate. People contacted me about NAMI programs and for information about community services for people with mental illness. The most often asked question was how to get treatment for someone with psychosis BEFORE the person hurt themselves or others, or got arrested for disturbing behavior. Families wanted treatment and the best outcome for their loved ones. They wanted to avoid hospitalizations and jail if at all possible.

Getting a person with mental illness to accept treatment can be very difficult. Sometimes people with mental illness do not know they are ill. They lack awareness of their illness. In fact, lack of awareness of one's illness is one of the symptoms of schizophrenia and bipolar disorder. People are not apt to accept treatment for an illness they do not believe they have.

If SB 226 were to become law, it could provide treatment for some mentally ill people who already have been suicidal or violent. Some of the most ill people who lack awareness of their condition could receive treatment and then be able to use the rehabilitative community services that already are available.

I recall a friend of mine whose daughter was involuntarily hospitalized 6 times in 8 months in Delaware County. When in the hospital, her daughter would take medication that would stabilize her, but she would be discharged after a short time and soon stop taking her medication. She then would become violent and have to be re-hospitalized. If SB 226 had been law back then, this woman would have met the criteria for mandated community treatment – referred to as Assisted Outpatient Treatment (AOT) – and she would have been required to take medication while living safely in the community. Unfortunately, I do not know the eventual fate of this ill woman. Her mother has died, and I've lost touch with the family. My hope is that the ill woman is accepting the services of the Delaware County ACT team and is staying in treatment and able to use the rehabilitative community services.

ACT (a.k.a. PACT), a program for Assertive Community Treatment, is a 24-hour, 7-days-a-week, comprehensive outreach program of mental health specialists (psychiatrist, nurse, social worker, peer specialist) who serve the most hard-to-reach people, by going to clients in their homes, shelters, or wherever they are, to give medication and to help with housing and other needs. ACT staff sometimes visits a client several times a DAY if necessary. ACT in Delaware County is serving 75 people at this time. The program is voluntary however, so some of the most ill people who are considered appropriate candidates for ACT refuse the service. For instance, in one year's time, 14 people who were offered ACT turned it down. Some of those same people might meet the criteria for receiving Assisted Outpatient Treatment, if SB 226 were to become law, and could be served by ACT.

People who are suicidal could be helped by SB 226 if it becomes law. Here is an excerpt from a letter I received -

“We have a daughter who has major depression. She is better and more stable on medication. At times, she has stopped taking medication and then becomes more depressed and suicidal. She has been hospitalized 4 times. It is a harrowing experience to wait until she is considered ‘a clear and present danger’ to herself, so we can get her hospitalized. We believe that if SB 226 becomes law, our daughter could have assisted outpatient treatment and avoid hospitalization. She would have to stay on her medication and would be more stable. She could have a better life...”

Let us remember that since the PA Mental Health Procedure Act was written in the 1970s, much has been learned about mental illnesses and about the brain. In the 1970's, mental illnesses were thought to be psychological conditions resulting from dysfunctional family environments, not biological brain disorders as they now are known to be. There were few effective medications for treatment back then. Many ill people still lived in state hospitals. Now there is far more knowledge about the brain and also about mental illnesses. There are many effective medications. Most people with mental illnesses can live productive lives safely in their communities.

Although SB 226 does not address the challenge of helping all people with mental illness, it does provide for consistent treatment by some of the most ill people who might otherwise be unable to use the services available for them and unable to work toward recovery.

I hope the Senate will support Senate Bill 226.

Alice Fitzcharles

FACTS ABOUT PACTS

Programs for Assertive Community Treatment* (also known as ACTS)

Programs of Assertive Community Treatment are designed for the most difficult-to-reach people with mental illness, using a 24-hour, 7-days-a-week team approach, to deliver comprehensive treatment, rehabilitation and support services to clients – not in an office – but in their homes, at work, in shelters, anywhere they are. The teams include a combination of psychiatrist, nurse, social worker, substance abuse specialist, vocational counselor, and peer counselor.

The goal of PACT is to promote recovery by providing convenient treatment and other services, thereby reducing the occurrence of untreated psychosis and mood disorders, disruptive behavior, homelessness, suicides, jailings and violence. Over 30 years of research show the outreach approach to be more effective than the traditional, office-based care.

Who Benefit from PACT?

- people with untreated psychosis and mood disorders,
- who don't keep office appointments,
- who have dual diagnosis (drug/alcohol abuse and mental illness),
- who are high users of emergency and inpatient hospital services,
- who are not meeting their own basic needs and/or are in danger,
- who have been ordered to receive community treatment to avoid hospitalization.

Cost of PACT

Depending on location, PACT services can cost \$16,000 - \$18,000 a year per client (not counting medication and housing).** In counties with PACT, the county Department of Mental Health (Behavioral Health) and the managed care agency or Medicaid agency collaborate to establish a payment rate for PACT services, such as a per-day or per-month dollar rate to cover expenses. Money saved from managed care budgets can be re-invested to create and help maintain community PACT teams. When a state hospital is downsizing or closing, state money saved from that can be used to establish PACT services in that area. States that have PACT in every county use a variety of ways to fund the service. It is less expensive than hospitalization and jailing for people with mental illness and much more humane and constructive. There are two models for PACT, urban and rural, depending on the need in the county.

* The following information is from a brochure about PACT (a.k.a. ACT) published by NAMI National. For a free copy of the brochure, contact NAMI at 703-524-7600, www.nami.org.

** In Delaware County, 75 people currently are being served by PACT, at \$16,800 a year per client.