



Members of the Behavioral Health Commission on Adult Mental Health, thank you for allowing me the opportunity to speak on behalf of Keystone's Mental Health Services. My name is Charles Hooker and I am the President and CEO of Keystone Human Services.

Keystone Human Services provides a continuum of services and supports for those with Mental Health needs in 14 Counties across the Commonwealth. The continuum of services includes a Long Term Structures Residence (LTSR), Community Rehabilitation Residences (CRR's), Supported Living Services, Intensive Case Management, Domiciliary Care, Psychiatric Rehabilitation Program, Respite Services, Specialized Community Residences, Supported Employment Services, Student Assistance, a Transitional Age Program, and Peer Support. We have over 173 employees supporting 546 Pennsylvanians with Severe and Persistent Mental Illness. Keystone's Mental Health Services has an annual budget of \$16.8 Million. A major component of our annual budget is our contract with Dauphin County at \$6.5 Million supporting 324 individuals.

Keystone Human Services is a global provider of human services through its subsidiary agencies including Keystone Service Systems (supporting those with intellectual disability and mental health services), Keystone Autism Services, Capital Area Head Start, Susquehanna Service Dogs, Keystone Moldova, the Keystone Institute India, Key Human Services in Connecticut, Keystone Service Systems in Delaware, and Partnerships for People in New Jersey.

As I am sure you appreciate, advocacy for Pennsylvania's most vulnerable citizens is paramount. The past few years have created immense challenges and through it all, human service providers have been there doing everything possible to ensure the health, safety and welfare for those in need of support. In addition, while there has been additional funding in the human service field, there is a vital area of support missed. That is for those who experience persistent and chronic mental illness and require residential services funded through the County system.

In the State's 2012-2013 budget, Mental Health funding was cut by ten percent. It has since been frozen at that level ever since while costs have increased due to inflation. This impacts labor costs, food, medical insurance, and housing to name a few. Keystone has testified multiple times about the workforce crisis and the need to increase Mental Health funding over the years and, regrettably, have not seen any positive change. The stagnant rate for the past ten years is creating the perfect storm for significant issues in our communities. Many providers, including Keystone, are seriously considering downsizing and closing County funded residential programs due to the inability to recruit and retain staff. While this has been contemplated for the past several years, providers are at a breaking point. We can no longer afford the liability associated with providing services if the State/Counties are not adequately funding our residential services so we can recruit the staff we need to provide quality services. If Keystone and other providers decide to close these programs, people with chronic and persistent mental illness are at risk of being homeless, incarcerated or institutionalized. In addition, this could negatively affect the community at large.

The Commonwealth of Pennsylvania, in its efforts to downsize its state hospitals, rely on the Counties to provide community based services for Pennsylvania's Citizens with severe and persistent mental illness. A stigmatized population that requires our support and service, yet have been underfunded for decades. Competent and caring direct support professionals are necessary to carry out these services, yet in a single payer system that doesn't support a sufficient wage structure, we compete with the food service industry, retail sales, and many other employers. We struggle to fill the positions needed. We need increased funding that supports a living wage to be able to recruit and retain trained and caring professionals. The current funding structure does not allow this. We have no other source of revenue for these services. We fundraise a bit but not enough to cover the gap. Unlike other industries, we can't raise our rates to cover the increased labor costs.

Funding must be designated specifically to Residential and Community-Based Mental Health programs including all Personal Care Homes and Community Residential Rehabilitation services. In addition, there are many regulations that are out of date and add unnecessary financial burden to providers. For example, the Long Term Structured Residence (LTSR) regulations mandate routine medications be administered by a licensed medical professional. As you know, there is a significant nursing shortage. Typically, the same medications that are given in the Intellectual Disability residential programs and Mental Health Personal Care Homes by Medication Certified Technicians or Certified Nursing Assistants are given at the LTSR. Providers like Keystone are resorting to paying Nursing Temporary Staffing agencies astronomical rates to perform a function that should be able to be performed by the Mental Health Professionals and Direct Support team. Not only that, but this mandate also takes nursing resources away from other services areas where that level of nursing specialty is truly needed. There are many examples that can be identified that would not negatively affect quality of services but be more financially sound. I am respectfully recommending that a task force be established that has a strong representation of residential providers to update the regulations to be more aligned with the current realities faced. Keystone would welcome the opportunity to participate in that task force if established.

In summary, may my testimony be representative of the commitment of providers like Keystone to maintain the highest levels of human service standards and ensuring our most vulnerable citizens receive the supports they need. Mental Health issues are becoming more and more prevalent in daily conversations. It is understood by most what devastating consequences can happen when people with chronic and persistent mental illness do not receive the support they need. Respectfully, \$100 million in one-time funds to address adult behavioral health concerns will help but is not the long term answer. Continued and ongoing funding to address both the long term underfunding of the MH system plus a cost of living escalator or inflationary index is necessary to adequately compensate the employees providing these vital services. Keystone Human Services is thankful for this task force and the focus on Mental Health system reform to help ensure providers like Keystone Human Services are able to continue to provide this extremely valuable service to Pennsylvanians in need.

Thank you for your time and consideration.

Respectfully,  
Charles J. Hooker, III

