

## APPENDIX #3

### DEPARTMENT OF PUBLIC WELFARE

#### Office of Mental Health and Substance Abuse Services

#### SOUTHEAST REGION COMMUNITY MENTAL HEALTH SERVICES PLAN

##### PREAMBLE

The Pennsylvania Mental Health and Mental Retardation Act of 1966 establishes a county-administered community mental health service system that requires a minimum array of services to be available at the local level. The State Department of Public Welfare (DPW) retains the responsibility to provide direct care at state psychiatric facilities for persons who are acutely dangerous to themselves or others, who retain little impulse control, or who have complicating, co-occurring conditions which require longer-term inpatient care.

Over the last 30 years, reliance on state mental hospitals for the care and treatment of persons with severe and long-term mental illness has been dramatically reduced. Many persons have been released from or diverted from institutions as a result of the development of new drugs and treatments, and the gradual increase in availability of services based on the Community Support Program (CSP) model.

A basic tenet of the CSP model is that the community is the preferred locus for mental health treatment and support. Inpatient hospitalization care is designated for evaluation and short-term stabilization, except for the small number of people who need longer-term hospitalization. Both experience and research have substantiated the effectiveness of a comprehensive community support system. Studies conducted by the National Institute for Mental Health, the Center for Mental Health Services and the University of Pennsylvania have concluded that comprehensive community support systems reduce the reliance on hospitalization and improve the level of functioning, quality of life and satisfaction of persons with severe mental illness.

Historically, in Pennsylvania, as in other states, the major barrier to developing a comprehensive community support system has been the shortage of funding to build the support and rehabilitative programs needed in the community to meet the needs of persons capable of being discharged or diverted from state hospitals.

Over the last seven years, the Pennsylvania Office of Mental Health and Substance Abuse Services has undertaken a number of initiatives to re-orient the focus of service delivery away from reliance on large institutions towards community care for persons with severe, disabling mental illness. These initiatives include consolidating and closing some state hospitals (Philadelphia, Woodville, Somerset, Eastern and Farview), implementing the Community Hospital Integration Project Programs (CHIPPs) and consolidating the community and state hospital budget appropriations. These initiatives have resulted in eliminating over 3200 filled state hospital beds from June 30, 1990 through January 1, 1998, and increasing the county mental health appropriation to \$85.9 million. The current plan, as discussed below, continues the previous initiatives and increases the Southeast

Counties' mental health "grant" appropriation between fiscal years 1997-98 through 2001-2002 by more than \$37 million.

Discussion around this initiative began in 1994 when the Secretary for the Department of Public Welfare appointed a Southeast Region Planning Task Force and charged it with developing a 5-year plan to integrate the resources of Haverford and Norristown State Hospitals with community mental health programs. The group was comprised of equal numbers of mental health consumers, families of persons with mental illness and mental health professionals. The Task Force examined the demographics of the state hospital population and reviewed financial data from the state hospitals and the county programs. Each county developed a five-year CHIPP's plan.

In a final report, dated November, 1994, the Task Force recommended consolidating Haverford and Norristown State Hospitals onto one campus and transferring current state hospital funds to county programs to create a region-wide 'community-based services system which implements each county's five-year CHIPP proposal. The recommendations also included developing and funding specialized treatment centers.

In January, 1997, Mr. Charles Curie, Deputy Secretary for the Office of Mental Health and Substance Abuse Services, convened the Southeast Region Mental Health Steering Committee with membership consisting of a mental health consumer representative, a family representative, and the mental health administrator from each of the five Southeast counties. Mr. Curie reviewed the recommendations of the 1994 Task Force with the newly appointed committee. The Steering Committee confirmed the validity of the previous Task Force's recommendations.

The Steering Committee, on March 7, 1997 recommended consolidating the two hospitals and transferring current state hospital funding to county programs in order to develop a comprehensive community-based services system. Mr. Curie agreed that the \$97 million supporting the two hospitals would be maintained in the southeast mental health system. The subsequent decision and announcement by the Department to consolidate the two hospitals by closing Haverford and discharging people from both hospitals beginning this fiscal year (FY 1997/98) was the first major step in achieving the desired system change.

#### Purpose

This plan documents the actions planned and committed to by the Department of Public Welfare, Office of Mental Health and Substance Abuse Services to implement the recommendations of the Southeast Region Mental Health Steering Committee pertaining to the development of a comprehensive community-based mental health service system in southeastern Pennsylvania.

#### Recommended Actions

- Consolidate Haverford and Norristown State Mental Hospitals.
- Transfer existing state hospital funds supporting the closing hospital (Haverford State Hospital) to southeast county programs to provide community placements and services to persons being discharged from the two hospitals and to support development of a comprehensive community based services system.

- Maintain the funding level of the consolidated hospital (Norristown State Hospital) for the continued development of a comprehensive mental health services system and transfer the funds to the county programs consistent with Department approved county plans. The system development may include designing regional programs to assist people living in the southeastern area, including persons being discharged and/or diverted from the hospital.

#### Action Steps

The following actions are being taken to initiate the Southeast Steering Committee recommendations and subsequent Department plan:

- Close Haverford State Hospital by June 30, 1998.
- Conduct a comprehensive assessment process with all patients at Haverford. This process will include a consumer-to-consumer assessment completed by the Mental Health Association of Southeastern Pennsylvania; a family-to-family interview conducted by the Alliance for the Mentally Ill of Pennsylvania; and ongoing clinical assessment conducted by the Haverford treatment team.
- Establish a Discharge/Transfer Planning Group (DTPG) to review the results of the patient assessments and make recommendations pertaining to the ongoing treatment and/or community placement needs of the patients at Haverford. The DTPG will be comprised of consumer advocates, family advocates, county mental health staff, and Haverford clinical staff, including the attending psychiatrist and social worker for each person and the Chief of Psychiatry and the Director of Social Work. The Clinical Care Coordinator will convene the DTPG and provide ongoing oversight of its function.
- Solicit formal plans from the five southeast counties delineating the number of hospital beds to be closed and community mental health services to be developed to meet identified patient needs for the three year period following the closure of Haverford on June 30, 1998.
- Review each county's plan to assure that timelines for the development of the services and a proposed discharge date have been identified for each patient. The DTPG will meet regularly with each county to review progress and address issues pertaining to program development, service provision, and discharge of each patient.
- Engage those patients identified for community placement during the current fiscal year (FY 1997/98) in active discharge planning with the Haverford treatment team, the county program and county service provider(s).
- Involve those patients identified for community placement in subsequent fiscal years in the planning for their transfer to Norristown. At Norristown, they will continue to participate in active discharge planning with the Norristown treatment team, the DTPG, and the county program.
- Transfer those patients identified as needing further long-term inpatient treatment to Norristown for continued inpatient treatment. The Department recognizes that each of these patient's clinical status may change and will require the Clinical Care Coordinator to convene the DTPG to review the treatment needs of each patient with his/her treatment team prior to scheduled commitment hearings or, at least, quarterly. The county program

liaison to Norristown is a member of the DTPG, enabling the county program to develop community-based services required to meet the individual's needs.

- Conduct patient transfers to Norristown and placements to community programs with respect for each patient's wishes to the greatest degree possible. Patients and their families will be invited to participate in their planning, transfer and placement process.
- Provide an independent assessment at DPW expense for any patient and/or family who disagrees with the recommended discharge plan, including assessment of the individuals community readiness or necessary community services. An independent expert acceptable to DPW and the involved parties will provide the independent assessment.
- Transfer those patients going to Norristown through the following protocol:
  - Norristown clinical care team will visit each patient and review his/her clinical record to identify the most appropriate Norristown unit.
  - Haverford clinical staff will review the patient's current treatment plan with Norristown clinical staff.
  - Familiar staff will be assigned to assist each transferring patient in packing and preparing for the move.
  - Patients and family members will be invited to visit Norristown prior to the scheduled move.
  - Familiar staff and/or family members will escort the patient to Norristown.
  - The Clinical Care Coordinator and DTPG with appropriate county participation will continue to monitor all Haverford patients transferred to Norristown quarterly to determine if the patient's anticipated discharge date and recommended community services and supports remain on target.
- DPW will provide funding to the county programs for closing 338 hospital beds and placing patients and developing a comprehensive community- based service system for eligible individuals consistent with the county's plan submitted to and approved by the Department. The Departments plan commits over \$37 million to the county programs on an annual basis at the conclusion of the five-year (FY 1997/98 through FY 2001-2002) plan period. The following table outlines the amount of funding that will be granted to the county programs in each of the years governed by the Department's plan based on the plans that the counties have submitted to DPW.

<u>Fiscal Year</u>	<u>Funds Committed for County Grants</u>
FY1997/1998	\$ 4,449,610
FY 1998/1999	\$ 13,771,520
FY 1999/2000	\$ 22,129,398
FY 2000/2001	\$ 30,298,150
FY2001/2002	\$ 37,731,561

- Provide a five-year grant allocation that specifies the amount of funding for each county. The amounts to be granted will be consistent with the plans submitted by each

county. DPW will notify county programs in writing of the amount of funding committed to the grant allocation for each fiscal year. The grants will clearly define the Department's expectations and county responsibilities specific to the grants. The Department's requirements will be consistent with the actions proposed by each county in its respective plan, including the number of placements, resources to be developed and timeframes identified. To the extent that counties can expedite closing hospital beds due to more rapid community resource development, DPW can allocate additional funds accordingly.

- Hold county programs accountable to complete the actions proposed in their plans and funded by the Department. The Department will monitor county compliance on a monthly basis and will work with counties in addressing problems that may arise. The Department reserves the right to decrease the amount of funding provided to any county should the county not meet the performance requirements identified in their plans and specified in the grant allocation. In situations where a given county is not meeting the performance requirements and funds must be reduced from the plan grant allocation, the Department will solicit proposals from the other county programs to apply for the available funds.
- Provide a five-year grant allocation commitment to each county within 15 working days of the issuance of the Department's plan.

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