

## **Division of Hospital Operations**

The primary purpose of the Division of Hospital Operations is to insure state-of-the art inpatient treatment to persons committed under the Mental Health Procedures Act (MHPA) to the eight state mental hospitals in order to ensure that the men and women who come to us for service develop the skills, resources, and supports needed for recovery and are able to return to the community.

The Division oversees and directs the effective and efficient management of eight state-owned and operated mental health hospitals and one restoration center, including three maximum-security forensic units for persons with serious mental illness who are charged with or convicted of criminal offenses and the Sexual Responsibility and Treatment Program (SRTP also known as Act 21). The SRTP program is for juvenile sex offenders who had been determined to still present a high risk of danger to the community, had aged out of the juvenile program, and had been civilly committed to the SRTP program.

Since all individuals are admitted to state hospitals through the County Mental Health system, the Bureau collaborates with county, local hospital, and community provider staff, constituents, and other stakeholders to establish effective community/hospital linkages in order to ensure continuity of care upon discharge to the community.

The Division collaborates with other OMHSAS bureaus and divisions in planning, developing, and implementing community integration initiatives as a resource for expanding community-based services in order to enhance the Commonwealth's development of a recovery-supporting approach to service.

### **Who we are . . .**

The Pennsylvania State Hospital System is the largest provider of inpatient psychiatric care in the Commonwealth. Our system is comprised of eight publicly-owned and operated hospitals and one nursing home. Additionally, the system operates three regional

forensic units on the campus of Mayview, Norristown, and Warren State Hospitals and the SRTP program.

## **Who we serve as a system of care as of June 30, 2007**

- The hospital system serves 1,960 people within the eight hospitals, three forensic centers, the long-term care facility, and Act 21
- Civil: 1,625; Forensic: 192; LTC: 131, Act 21: 12
- 63% men, 37% women, average age 49
- 72% of individuals served within the state hospital system have a diagnosis of schizophrenia or a related psychotic disorder
- Provided 55,829 days-of-care in June 2007
- 71% have a co-occurring substance use diagnoses
- 10% have a Mental Retardation/Developmental Disability diagnosis
- 835 civil admissions in FY 06/07
- 965 civil discharges in FY 06/07
- 33% of the people served in the civil hospitals have a positive criminal history
- 53% of all people served in the civil hospitals have a Length of Residence of 2+ years
- Within the past five years, all state hospitals in the Commonwealth have re-engineered how treatment and rehabilitation are provided and recovery is supported
- Some state hospitals have Treatment Malls
- All state hospitals have thoroughly evaluated how active treatment is provided
- Implemented changes in pursuit of creating a recovery focused treatment approach

## **What is CHIPPs?**

The Community/Hospital Integration Program Projects (CHIPPs) is a state initiative in partnership with local county mental health programs, that enables the discharge of people served in Pennsylvania state hospitals who have extended lengths of stay or complex service needs to less restrictive community-based programs and supports.

- Designed to develop the needed resources for successful community placement of individuals that include case management services, residential services, and rehabilitation/treatment services.
- Created to build local community capacity for diversionary services to prevent unnecessary future hospitalizations.
- Dependent on the involvement of the consumer and family in the design, implementation, and monitoring of individual Community Support Plans.
- Built upon Community Support Program principles that require consumers, family members, and persons in recovery be involved in the decision making process as well as advocates and other stakeholders.

## **State Hospital Planning Process**

Each individual who has a length of stay greater than 2 years will take part in a rigorous assessment process to determine where each person wants to live after the hospital and what supports each person would need to be successful. The assessment process was a three-part process:

- **Peer to Peer Assessments:** Pennsylvania Mental Health Consumers Association (PMHCA) conducted peer-to-peer assessments. A number of consumers from the community completed one-on-one interviews with each consumer at the State Hospital who wished to participate in this part of the process.
- **Clinical assessments:** each individual met for an assessment with his/her treatment team, his/her county representative, involved family or friend. There also are specialty representatives if the person had other clinical needs; for example, someone with a dual diagnosis of MH/MR or someone with a history of substance abuse, traumatic brain injury, or history of contact with the criminal justice system.

- **Family to Family Assessments:** family assessments were completed by members of NAMI-PA or other advocacy organizations depending on the service are for those consumers who have an involved family who wished to participate.

With information from each of these assessments a team comprised of the consumer, a consumer advocate, the family as appropriate, a family advocate, members from the individual's treatment team, county representatives, and specialty representatives and the Office of Mental Health and Substance Abuse Services meet to develop an individualized plan called a Community Support Plan. The major areas addressed in the Community Support Plan included: recovery services and supports (formal and informal), living arrangements, special needs, cultural considerations, insurance/benefits/ entitlements, type of case management services, physical health needs, and success/risk factors.

## **Money Follows the Person (MFP)**

Pennsylvania been awarded the Money Follows the Person Grant. It is be a cross-age, cross disability approach that will target an estimated 2,600 qualified individuals in nursing facilities, state mental retardation centers, and state mental hospitals to be transitioned to the Community from Institutions over a period of four years, from 2008 thru 2011. Based on preliminary data, between 75% - 80% of these individuals will be transitioned from nursing homes, 5% -10% from state mental hospitals and 10% - 15% from state mental retardation centers. The Office of Mental Health and Substance Abuse Services (OMHSAS) will be transitioning 180 Consumers 65 and older, who are currently in the state hospitals and who are Medicare eligible.

The process for Transitioning Persons from State Mental Hospitals with the MFP Demonstration Program is based on expanding the successful Community/Hospital Program Projects Program (CHIPP). This initiative is done in partnership with local county mental health programs. by collaborating with local mental health systems, more than 2,400 consumers were successfully transitioned to the community between 6/30/91 and 7/31/06. Using

significant stakeholder input, the Office of Mental Health and Substance Abuse Services (OMHSAS) developed a collaborative Service Area Planning Process to transition state hospital consumers.

## **Positive Practice Resource Teams (PPRT)**

The PPRT is a joint initiative between OMHSAS State Hospitals and Office of Developmental Program (ODP) State Centers to assist those individuals with a dual diagnosis of MH/MR. The purpose of the PPRT is to identify and develop system capacity and resources that will be dedicated to address issues pertaining to a person's mental health and behavioral support needs. This initiative is also expected to address those issues that, in the past, often resulted in state hospital/center admissions or incarceration. This initiative is assisting providers in continuing to serve those individuals who are experiencing difficulties and enhancing the provider's ability to provide comprehensive services in the future.

## **Service Area Planning (SAP)**

- To plan the development of a recovery-oriented community and hospital services system that is responsive to the treatment and support needs of persons in state hospitals and persons who may potentially need state hospitalizations.
- To identify the needs of persons who are in the priority population of having been diagnosed with serious and persistent mental illness.
- To determine the future role of the state hospital.
- To determine the role of the community mental health program within the service area.

## **Goals**

- 1) Within five years, no person will be in a state hospital beyond two years.
- 2) Within five years, no person will be involuntarily committed to a community hospital more than twice in one year.

- 3) Within five years, the incarceration of the priority/target population will be reduced.
- Beginning in 2002, regular meetings have been held for the purpose of service area planning between the community and hospital systems of Pennsylvania combining state and community stakeholders.
  - Beginning in 2004, meetings have occurred with OMHSAS' Deputy Secretary Joan Erney; Bureau of Community and Hospital Operations Director Aidan Altenor and the Service Area Stakeholders to discuss progress, celebrate successes and plan for further initiatives within Service Area Planning.
  - Information is also conveyed to all stakeholders through written reports; steering committee communications; Community Support Meetings (CSP); Drop in Centers; Family Newsletters; Family Support Groups, SAP Newsletters, etc.
  - While outstanding collaboration existed between the state hospitals and the counties they serve, the planning processes for each were separate processes.
  - Service Area Planning outcomes were integrated into County Planning Process beginning with the 2003/04 Fiscal Year.
  - State hospital and community Continuity of Care Meetings annually update the Service Area Plan and integrate into the hospital and community plans.

# *OMHSAS State Mental Health Facilities and Service Areas*

