

VII. State Hospital Services

Background

Although state hospitals were once thought of as places of asylum, the new vision of a mental health system does not include long-term stays in state hospitals. We now know that with the right services and supports, all individuals can have hope for a life in the community. In 2005, the President's New Freedom Initiative challenged states to strive for this goal, and the U.S. Supreme Court's 1999 decision in *Olmstead v. L.C.* affirmed the right of people who have a disability to live in community settings.

"After a year of study, and after reviewing research and testimony, the Commission finds that recovery from mental illness is now a real possibility. The promise of the New Freedom Initiative - a life in the community for everyone - can be realized."
"Achieving the Promise; Transforming Mental Health Care in America", July 2003

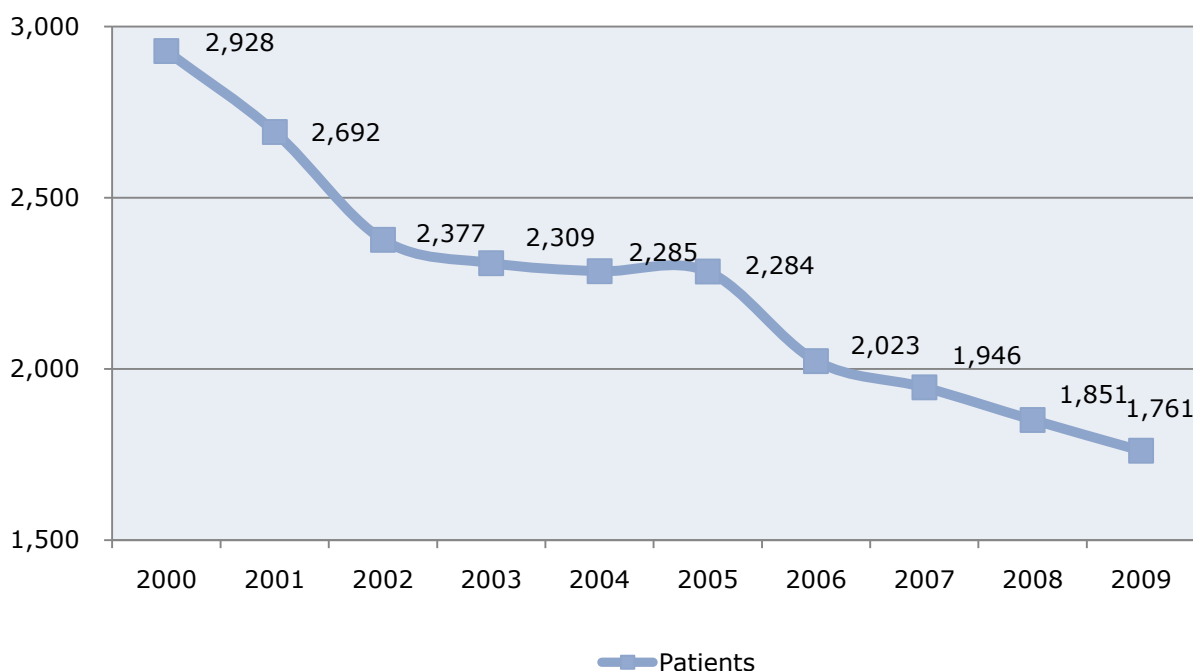
Snapshot – State Hospital Services

- 2000 – nine state hospitals, 2,928 beds
- 2010 - six state hospitals (capacity: 1,341 beds) and one long-term nursing care facility (capacity: 159)
- \$404M annual state hospital budget (2009)
- 49% of all consumers had a length of residence less than 2 years
- Nearly 50% of all individuals admitted to a psychiatric bed had a co-occurring substance use disorder

All OMHSAS state hospitals are accredited by the Joint Commission (JCAHO), and in 2009 and 2010, the South Mountain Restoration Center (nursing home) was recognized as one of the top state nursing homes in the country by *US News & World Report*. In 2000, the Commonwealth received the Innovations in American Government Award, sponsored by Harvard University Center of Excellence in Government and the Ford Foundation, for its successful initiative to eliminate the use of seclusion and restraint in all its state hospitals.

The table below highlights the reduction in census from 2,928 patients in FY 2000 to 1,761 patients in 2009 as a result of hospital closures, consolidations, and Community Hospital Integration Projects Program (CHIPP). In 2010 it was reduced further to 1,341 with the Allentown State Hospital consolidation. The bed reduction has allowed over 1,500 individuals to return to lives in the community and many more to be served with state hospital funds for diversion services in the community.

State Hospital Patient Census End of Year Totals



Beginning in 1991, the Community Hospital Integration Projects Program provided funding for community services for discharged persons, provided diversionary services for at risk persons in the community, and reduced state hospital bed utilization. CHIPP creates services to support persons with a long-term history of hospitalization or other complex needs so that they can live successfully in the community.

In February 2002, OMHSAS convened a broad-based workgroup to plan the future of Pennsylvania's mental health system and refocus institutional resources to home- and community-based services for persons across all disabilities. The resultant report, [Community/Hospital Integration Plan](#), called for the development of five-year regional Service Area Plans (SAP) that would look at the long term role of the hospital, plan for services in the community, assure the quality of services, and address financing plans.

The SAP guidelines charged counties with implementing plans to progress toward three goals:

- **Goal 1:** Within five years, no person will be hospitalized in a state hospital beyond two years

- **Goal 2:** Within five years, no person will be involuntarily committed to a community hospital more than twice in one year
- **Goal 3:** Within five years, the incarceration of the target population will be reduced

In 2004, the OMHSAS Statewide Planning Council was restructured to be more inclusive and responsive to stakeholders. The Planning Council affirmed the priority: "To assure that individuals receiving behavioral health treatment and supports have the opportunity to live and thrive in open integrated community settings through building community partnerships and integrating funding." The Planning Council called for the redesign of the state hospital system to develop community resources to support the discharge of any individual who has been in the state hospital for over two (2) years. Since then, three state hospital consolidations/closures were completed.

"After 17 years and 48 psychiatric hospitalizations, I got a call from Harrisburg State Hospital – I thought they wanted me to come back as a patient – but they offered me my first job as a peer support specialist to help people move to the community ...

Perhaps the greatest lesson I have learned is that, if we view each person through eyes seeking abilities, and develop environments where each person's abilities are embraced, we can create a ripple effect of people believing in people. In a world that often asks, "What's wrong?" I challenge us to ask a second question: "What's right?"

Gina Kaye Calhoun, Certified Peer Support Specialist & Recovery Trainer

With the first SAP submissions (2004), the seven-county Capital Region developed a community-based services plan for people residing in Harrisburg State Hospital (HSH), a 251 bed facility. The HSH regional SAP efforts resulted in the successful closure of the hospital in January 2006. The HSH closure process established many best practices, including a discharge planning meeting called a Community Support Plan (CSP), which includes consumer, family, and clinical assessments to understand, from the

consumer's perspective, what s/he needed to live successfully in the community. Gina Kaye Calhoun's story about her move to the community highlights the importance of understanding people's goals and hopes.

The plan to close Mayview State Hospital was announced in 2007. The counties pooled funds to facilitate independent CSP assessments, develop an integrated funding strategy, and manage the closure process. The Mayview closure built on the lessons learned from past closures and developed new management tools, such as a web-based "early warning" tracking system. The CSP identifies the medical home for each individual for coordination with the physical health managed care organization or primary care physician. Each individual discharged has a crisis plan developed by the individual and responsible providers. The Mayview region is the first region to affirmatively plan for a service system without a state hospital, fulfilling the promise of the New Freedom Commission of "a life in the community for everyone." A report on lessons learned can be found on their website at www.mayview-sap.org.

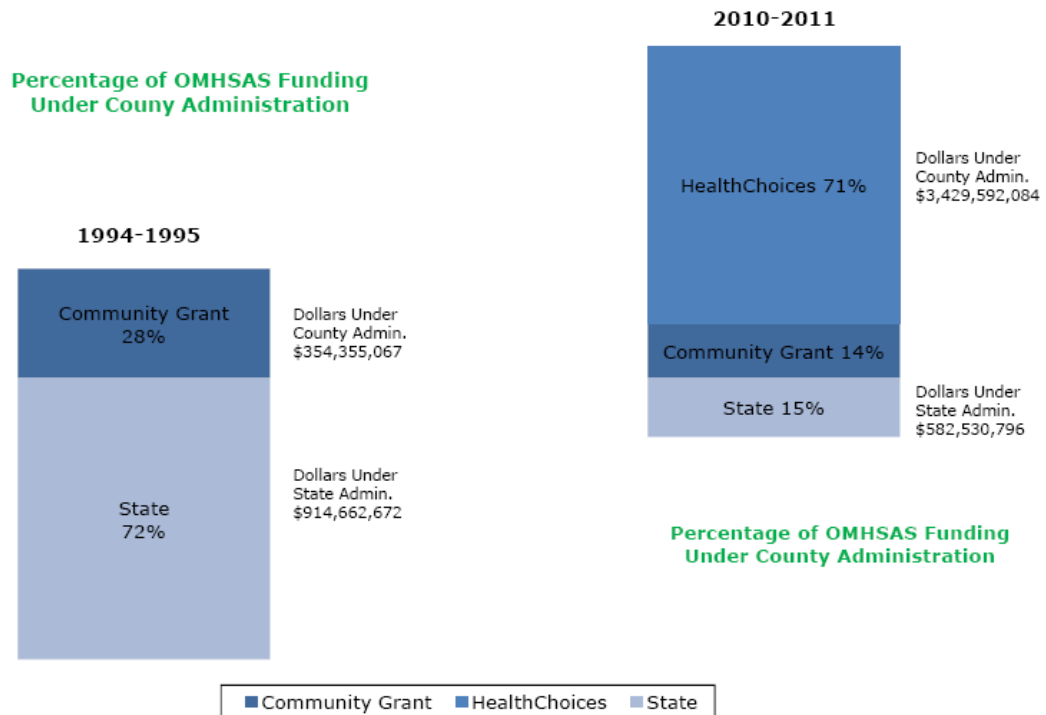
On January 28, 2010 OMHSAS announced the consolidation of Allentown State Hospital, a 175 bed hospital serving Lehigh, Northampton, Carbon, Monroe, and Pike Counties in northeast Pennsylvania. Funds from the closure were braided with resources from the HC-BH program, the Home and Community Based and Consolidated Waivers, and Money Follows the Person to support 125 individuals living in their community. Allentown was closed December 15, 2010, and consolidated with Wernersville State Hospital. With the Allentown closure, Pennsylvania has closed 13 hospitals since the first closure of Hollidaysburg State Hospital in 1979.

Financing the Transformation

Supporting the journey to achieve a life in the community is not an easy task; it requires vision and commitment. A key component for transformation is financing strategy to shift funds from the state hospital to the community with a plan for sustainability for the community service infrastructure.

The financing strategy to reduce reliance on institutional services reflects a unified systems approach. When developing their CHIPPs budget, counties include all county, state, and federal funds. CHIPP funds are used to pay for services and supports that are not Medicaid eligible, such as housing and non-clinical support services, or for services for people who are not Medicaid eligible. The HealthChoices behavioral health managed care waiver program rate setting methodology recognizes the costs for covered services identified in a member's Community Support Plan (CSP). HealthChoices and CHIPP

also include funding for diversionary services for people who may be at-risk of state hospital admission.



Note: State Mental Hospital and Medicaid Fee-For-Service Funding are under State Administration

Additionally, HealthChoices reinvestment funds have been used for start-up costs and to develop supported housing options. CSP assessments determine if individuals are eligible for DPW Home and Community-Based Waiver services, and OMHSAS funds have been used to match Office of Developmental Program waiver funds to draw down additional federal dollars.

“The closure of Harrisburg State Hospital provided substantial resources to develop infrastructure and services. To give it a bit of perspective, it would cost approximately \$2.5 M to provide treatment in a state hospital for 12 individuals for one year...we approximate that this (HSH) resource provides opportunity for over 500 people to receive services in the community.”
Perspective: The Closure of Harrisburg State Hospital – A Four Year Report, January 23, 2010 Cumberland and Perry Counties Mental Health Program

Other Hospital-Community Initiatives

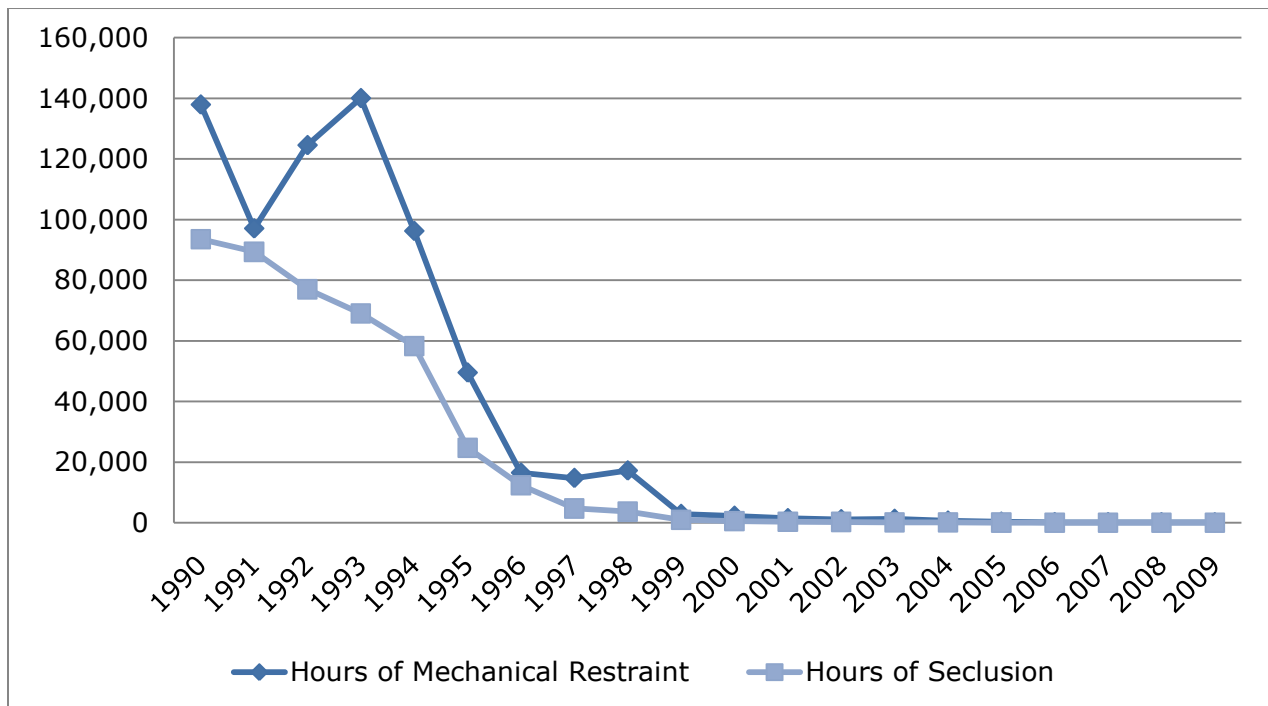
- State Hospital Training Initiatives – State hospital staff provide enhanced training to county staff and community providers in Dialectical Behavioral Therapy (DBT), medication management, mental health advance directives, psychotropic medications, and other areas that are identified by the counties.
- Disaster Crisis Outreach and Referral Team (DCORT) – Three of the state mental hospitals serve as emergency communication/call centers to support the Commonwealth’s emergency services plan and to provide critical information to residents when needed.
- Certified Peer Specialists – Peer Specialists hold staff positions at state hospitals, serve on community outreach teams, provide role models in recovery, train other staff in recovery and develop educational programs.
- Positive Practice Resources Team (PPRT) - The PPRT is a joint initiative of OMHSAS and the Office of Developmental Programs (ODP) to serve individuals with a dual MH/ID diagnoses. Staff from the OMHSAS state hospitals and ODP state centers partner for community outreach to build capacity within Pennsylvania’s provider network to serve individuals who are dually diagnosed and to decrease state hospital admissions. PPRT consultative services assist community providers to continue serving consumers in their home environments.
- Unified Practices - In an effort to streamline practices and increase efficiency and cost effectiveness, the hospitals have formed a workgroup to assure consistent and coordinated practices among the hospitals. These include standardized policies and procedures, use of shared services and coordination of forensic practices.

Progress

- State Hospital Census Reduction – FY 1994-95 to FY 2009-10: 69% reduction in the state hospital census, 55% decrease in staff complement.
- Harrisburg State Hospital closed – December 29, 2006, 132 individuals discharged to the community.
- Mayview State Hospital closed – December 29, 2008, 225 individuals discharged to the community.

- Allentown State Hospital closed - December 15, 2010, 125 individuals discharged to the community.
- Community Support Planning (CSP) and follow-up – Readmission rate for persons with CSP is less than one-tenth the rate of those without a CSP (.4% vs. 5.1%).
- Decreasing length of stay – decreased the percentage of persons with a stay of over two (2) years by 30% between 2003 and 2010. The two year mark is a significant milestone, as data show that those who pass that length of stay are likely to stay for much longer periods than those who are discharged before two years.
- Elimination of seclusion and restraints –The hospital system has decreased the use of seclusion in both civil and forensic sections by more than 99% since 2000. During 2009, seclusion was used only 13 times in the system for a total of 13 hours. Mechanical restraint usage has declined by more than 97% since 2000.

Pennsylvania State Hospital System (Civil & Forensic)
Hours of Seclusion and Mechanical Restraint
1990 Through 2009



Resources

- "Achieving the Promise; Transforming Mental Health Care in America" July 2003 (www.mentalhealthcommission.gov)
- Positive Practices Resource Team – (<http://www.dpw.state.pa.us/communitypartners/informationforadvocatesandstakeholders/positivepracticesresourceteampprt/index.htm>)
- Toward Recovery and Hope: Building a Community System with the Closure of Mayview State Hospital (http://www.mayview-sap.org/documents/misc/AHCI_MayviewSummary_1004-nobleeds.pdf)
- State Hospital Information available at (<http://www.dpw.state.pa.us/forfamilies/statehospitals/index.htm>)
- Seclusion and Restraint information – (http://www.parecovery.org/services_seclusion.shtml)