# REGIONAL MENTAL HEALTH SERVICES COORDINATION OFFICE

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July 25, 2012

Thomasina Bouknight, Community Program Manager
Department of Public Welfare
OMHSAS – SE Field Office
Norristown State Hospital - Building 57
1001 Sterigere Street
Norristown, PA 19401

Dear Ms. Bouknight,

On behalf of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties, enclosed, please find the Southeast Counties' Olmstead Plan. This document is a compilation of the individual counties' plans to address the state's requirement to develop a statewide Olmstead plan.

As evidenced in our long history of developing community based services and supporting persons with mental illness, we strongly promote the successful implementation of the Olmstead Plan. We look forward to future planning and working with OMHSAS and Norristown State Hospital and envision recovery for every individual.

We welcome your feedback and appreciate your continued support.

Sincerely,

*Tory Bright*

Tory Bright, Regional Coordinator

Cc: Southeast County MH/MR Administrators
Gerry Kent, CEO, Norristown State Hospital
Julie Barley, Acting Director, OMHSAS, Division of Eastern Operations

enclosure

# Pennsylvania Olmstead Plan

## Southeast Region: Bucks, Chester, Delaware, Montgomery, Philadelphia

**July 2012**

## I. Introduction: Brief introduction of the county including the Olmstead planning process used to complete this plan. In the introduction, the specialized needs outlined in the Olmstead Plan (Section 2.) should be acknowledged and included within the below areas.

The Southeast Region did not use a separate process to develop this plan. Rather, we view this plan as an integral part of the individual county Annual Mental Health Plan for FY 2013-2017. These plans were developed with broad input from all stakeholders and were subject to community hearings at which individuals and organizations provided comment and testimony. These plans were submitted to OMHSAS in June, 2011. The plans are available from each county office. Several counties post their plans on the county website. Included in each County's Annual Plan are additional, more specific plans to address individual areas. These are: a housing plan to increase the stock of low cost housing using reinvestment funds and funds from the PA Housing Finance Agency (PHFA), a PATH plan (except Chester County), a forensic plan and an employment plan.

Stakeholder involvement in the various County planning processes has included:

**Intra-system stakeholders:** CSP Committees, NAMI Chapters, Consumer and Family Satisfaction Teams, Consumer/Family Advisory Committees, Managed Care Organizations, MH/MR Advisory Boards, MH and D&A behavioral health providers, Norristown State Hospital, D&A Advisory Boards.

**Inter-system stakeholders:** Criminal Justice Advisory Boards, Homeless Services Coalitions, Older Adults Task Forces, Transition-Age Task Forces and Workgroups, AIDS Coalitions, MH/ID Workgroups, etc.

The five counties in the Southeast Region have a long history of working individually and together to provide community supports to people in state mental hospitals and people potentially in need of a state mental hospital level of care (diversion population). Beginning with the closing of Philadelphia State Hospital in 1990, the closing of Haverford State Hospital in 1998 and continuing through several downsizing initiatives, the Region has been able to reallocate resources that originally supported almost 1400 people in State Mental Hospitals to community supports. Norristown State Hospital (NSH) is the designated long term care facility for the Southeast Region. However, Counties in the Southeast Region make minimal use of NSH, to support individuals with serious mental illness and have the lowest utilization of state hospital beds (4.6 persons per 100,000) in the Commonwealth. In

FY 11-12, the Counties began the final year of the Fred L placements, proposing to support 90 people from NSH. The chart below summarizes the numbers of people discharged between FY 1993 and FY 2011 using funding originally supporting people in state hospitals in the SE Region:

| County | FY 1993 - 2011 | FY 2012 |
|---|---|---|
| Bucks | 66 | 20 |
| Chester | 101 | 4 |
| Delaware | 294 | 15 |
| Montgomery | 207 | 30 |
| Philadelphia | 715 | 21 |
| Total | 1383 | 90 |

In addition to the individual county projects, regional specialized residential services were developed in Fiscal Years 2002 and expanded in FY 2004 and FY 2007. These regional resources support 92 persons. They give priority in admission to individuals from NSH and have served approximately 180 persons since their inception.

The downsizing process has supported significant enhancement of each county's community-based service infrastructure. Combined with Reinvestment funds from the HealthChoices program, Southeast Region counties have all developed a wide variety of housing, treatment and rehabilitative resources.

More recently, at the same time as county bed caps have been reduced, there has been a sharp increase in the numbers of criminal justice-involved individuals being ordered into the NSH civil section. As of June 1, 2012, over 45 individuals are on the waiting list. Over 35 of these people have criminal justice-involvement. This has effectively closed access to NSH and any future admissions from community inpatient units. Some individuals have been waiting in community hospitals for seven months or more, with little if any prospect for future state hospital admission.

Once all the CHIPP 90 discharges for the FY 2012 project have been accomplished, the projected civil capacity at the hospital will be less than 100 persons. The Counties would welcome the opportunity to work with OMHSAS and NSH to redesign the treatment programs at the hospital. There remains a small, but very challenging population, with complex mental health needs, often co-occurring with significant medical issues, behavioral challenges, addiction or traumatic brain injury. These individuals need highly competent clinical intervention in a secure setting.

## II. List of Services: Treatment services, supports, and infrastructure needed to support individuals in the community that currently are at the state hospital. Examples are included below. County (ies) can use the below bullet points and add, delete or change to build a focused list for the county or regional group.

| Service Type | Bucks | Chester | DelCo | MontCo | Phila |
|---|---|---|---|---|---|
| **Treatment Services:** | | | | | |
| • Peer Support Services | X | X | X | X | X |
| • Mobile Treatment Teams, ACT, CTT, mobile medication teams | X | X | X | X | X |
| • Sexual Offender Treatment Services | X | X | X | X | X |
| • Non Residential Structured Programming (Psychiatric Rehab Services) | X | X | X | X | X |
| • Community Psychiatrists Availability | X | X | X | X | X |
| • Outpatient Services (Trauma Informed Care, DBT) | X | X | X | X | X |
| • Highly Structured supervised setting (Secure/non secure) | X | X | X | X | X |
| ○ Consideration for special populations | X | X | X | X | X |
| ○ Regional or by County | X | X | X | X | X |
| **Infrastructure Review of Services/Development** | | | | | |
| • Community Residential Settings | X | X | X | X | X |
| • Skilled Nursing Care Facility that provides Psychiatric Services | | X | | X | X |
| • Mobile skilled care services – in home | | | | | X |
| • Specialized Personal Care Homes | | | X | X | X |
| **Support Services** | | | | | |
| • Family Education | X | X | X | X | X |
| • Work Opportunities | X | X | X | X | X |
| • Transition Age Services | X | X | X | X | X |
| **Other: Blended Case Management specialized, co-occurring (SA, IDS)** | X | | X | X | X |

| Service Type | Bucks | Chester | DelCo | MontCo | Phila |
|---|---|---|---|---|---|
| **Other: Adult Sub-Acute Residential Treatment** | X | | X | X | |
| **Other: Consumer Satisfaction Team** | X | X | X | X | X |
| **Other: Contingency Fund** | X | X | X | X | X |
| **Other: Crisis Intervention (Mobile, CRP)** | X | X | X | X | X |
| **Other: Representative Payee** | X | X | X | X | X |
| **Other: Inpatient** | X | X | X | X | X |
| **Other: Behavioral Intervention Specialist/consultation** | X | X | | X | X |

All the County programs provide priority access to services for individuals with lengths of stay of two or more years at NSH. All the County programs also provide specialized approaches to:

- persons returning from State Correctional Institutions and county prisons
- individuals and families who are homeless
- veterans
- older adults and/or individuals who are medically fragile
- transition-age individuals, 18 to 25
- individuals with co-occurring ID, substance abuse, physical disability, or traumatic brain injury

The County programs also strive to be responsive to the cultural diversity in each county, including individuals with limited or no capacity to speak English, persons who use sign language and other cultural issues.

## III. List housing requests from individuals at Norristown State Hospital who have been at the state hospital 2 years or more, (who participated in the peer assessment process associated with the CSP). Where did the individual request to live? Suggestion is that a chart or matrix be used here to summarize findings.

**Data reflected in the chart below are as of June 1, 2012**

**The Peer Assessment portion of the CSP asks individuals "how much" they want to live in each of the following settings. Individuals have a choice of Very Much (VM), a Little (L) or Not at All (No) when they answer.**

| Type of Housing | Bucks | | | Chester | | | DelCo | | | MontCo | | | Phila | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | VM | L | No | VM | L | No | VM | L | No | V | L | No | VM | L | No |
| House, Apartment or room alone | 3 | 5 | 2 | 3 | | | 6 | 2 | 1 | 10 | 1 | 4 | 5 | 2 | 3 |
| House, apartment or room with family | 6 | 1 | 7 | 2 | | | 6 | 2 | 3 | 7 | 3 | 4 | 9 | 0 | 1 |
| House, apartment, room with roommate(s) | 5 | 0 | 8 | | | | 3 | 3 | 1 | 8 | 3 | 5 | 6 | 2 | 1 |
| Transitional rehabilitation group | 3 | 2 | 8 | | | | 4 | 0 | 4 | 12 | | 4 | 7 | 0 | 3 |
| Permanent group setting with others | 4 | 0 | 10 | | | | 6 | 1 | 4 | 12 | | 4 | 6 | 1 | 3 |
| Nursing Home | 1 | 0 | 12 | | | 5 | 0 | 0 | 0 | | | 19 | | | 9 |

Overall it is of interest that, with the exception of Chester County, individuals expressed interest in a variety of possible living arrangements. This indicates that there is some flexibility in offering options to people. It is not surprising that only one person expressed any interest in being in a nursing home. Following is a summary of the numbers for each County.

Bucks County had 24 individuals with length of stay of two years or longer. Of the 24 individuals, 13 participated in the peer assessment and responded to the housing preferences section. Of the assessments completed, there were two individuals who partially responded to the housing preferences section. For this reason the totals in each of the categories were skewed. Eleven individuals did not complete a peer assessment. Of those individuals 6 were either unable to or declined to give responses for the assessment when the opportunity was offered.

Chester County had 13 individuals residing at Norristown State Hospital, all but one of whom have a length of stay over two years. Of these, four people have not had assessments completed, and three

people did not respond to attempted peer assessments, leaving a total of five people who have had peer assessments completed.

Delaware County had 20 individuals at NSH with length of stay of two years or longer. Of the 20 individuals, 12 participated in the peer assessment and responded to the housing preference section.

Of the eight individuals who had not completed Peer Assessments, six individuals had indicated to county staff and/or NSH treatment teams that they would prefer to live alone; two individuals indicated that they would prefer either to live alone or with family, but there was no weighting associated with those preferences.

Montgomery County had 36 individuals at NSH with a length of stay of two years or longer. Of the 36 individuals 19 participated in the peer assessment and responded to the housing preference section. Of the remaining 17 people, one person did not respond to the attempt to complete an assessment and the remainder have not had an assessment completed.

Philadelphia County had 52 individuals at NSH with a length of stay of two years or longer. Of the 52, only 21 of those individuals have had CSPs. Of those 21 only 10 chose to participate with the peer assessment. After reviewing the actual assessments it was clear in only a small number of cases what an individual's "first" preference truly was. In most instances they listed multiple selections with equal weighting. It is also important to note that there were inconsistencies between the item's ranking and comments made by the individual within the body of the peer assessment.

It is obvious that further discussion with the individual and treatment team and incorporation of the more complete CSP would be required to proceed with more specific planning and service development.

## IV. List the current recommended level of care for individuals receiving treatment at Norristown State Hospital for two years or more. Suggestion is that a chart or matrix be used here to summarize findings.

**Data reflected in the chart below is as of June 1, 2012**

| Level of Care | Bucks | Chester | DelCo | MontCo | Phila |
|---|---|---|---|---|---|
| **Inpatient** | **2** | **0** | **0** | **0** | **22** |
| **Long Term Structured Residence (LTSR)** | **6** | **4** | **7** | **14** | **5** |
| **All Inclusive Residential (AIR)** | **0** | **0** | **0** | **8** | **0** |
| **Residential Treatment Service for Adults (RTFA)** | **0** | **0** | **0** | **0** | **1** |
| **Community Residential Rehabilitation Service (CRR)** | **0** | **1** | **5** | **3** | **4** |
| **Supported Living** | **1** | **0** | **1** | **0** | **0** |
| **Family** | **0** | **2** | **0** | **0** | **0** |

| Level of Care | Bucks | Chester | DelCo | MontCo | Phila |
|---|---|---|---|---|---|
| STAR | 1 | 2 | 0 | 0 | 0 |
| Skilled Nursing Facility (Nursing Home) | 3 | 2 | 3 | 2 | 5 |
| Medically Enhanced | 8 | 0 | 2 | 3 | 0 |
| Personal Care Boarding Home (PCBH) | 0 | 0 | 2 | 2 | 1 |
| MH/ID Community Living Arrangement (CLA) | 1 | 1 | 0 | 4 | 0 |
| Small 2-3 person setting | 2 | 0 | 0 | 0 | 2 |
| Other | 0 | 1 | 0 | 0 | 12[1] |
| TOTAL Length of Stay over 2 Years | 24 | 13 | 20 | 36 | 52 |

[1] LTSR LOC Specialized Sex Offender Model

## V. Current and projected array of housing options: (Place an X in the columns of the listed services provided by county.)

| County / Joinder | Independent Living | Fair Weather Lodge | Community Residential Rehab | Long Term Structured Residence | Specialized Community Residence | Enhanced Personal Care Home | Personal Care Home |
|---|---|---|---|---|---|---|---|
| Bucks | X | X | X | X | X | | |
| Chester | X | | X | X | X | | |
| Delaware | X | X | X | X | X | X | X |
| Montgomery | X | | X | X | X | X | X |
| Philadelphia | X | X | X | X | X | X | |

***"Housing First" – (models that do not require individuals to participate in services)***

In Delaware County, the Office of Behavioral Health contracts a PATH Housing First program that serves a chronically homeless population.

| County | Type of housing program to be Developed (Insert any programs to be developed and corresponding information) | Number of individuals to be Served | Timeline for Development of the Program | Strategy to use to maximize resources to meet the housing needs of individuals: |
|---|---|---|---|---|
| Bucks | Medically Enhanced | 10 | FY 11/12 | CHIPP funding and blend with waivers through Aging services |
| Chester | 3 person residential program | 3 | FY 12/13 | CHIPP funding and blend with waivers through the Aging services |

| County | Type of housing program to be Developed (Insert any programs to be developed and corresponding information) | Number of individuals to be Served | Timeline for Development of the Program | Strategy to use to maximize resources to meet the housing needs of individuals: |
|---|---|---|---|---|
| **Delaware** | Forensic Transitional Housing Program | 9 Males | 1st quarter<br><br>FY 12-13 | Start-up Reinvestment; Sustainability after 5 year Reinvestment is unknown |
| **Delaware** | Supported Housing Bridge and Master Lease subsidies | 15 M/F | 1st quarter FY 12-13 | County Base |
| **Delaware** | Recovery House Programs | 10 Males | 1st quarter FY 12-13 | Start-up Reinvestment: Sustainability individual rent payments |
| **Montgomery** | LTSR | 16 M/F | 1st quarter FY 12-13 | CHIPPs funding |
| **Montgomery** | All Inclusive Residence-CRR | 8 M/F | 1st quarter FY 12-13 | CHIPPs funding |
| **Philadelphia*** | PSH – Bridge subsidy expansion and PHFA | TBD | 1st half of FY 12-13 | Reinvestment |
| **Philadelphia*** | Young Adult transitional program | 1 female | 1st quarter FY 12-13 | CHIPPS funding – diversion |
| **Philadelphia*** | Sex offender step down | 4 – 6 Males | Possibly 1st half of FY 13 | CHIPPS funding |
| **Philadelphia*** | Conversion of STAR program from CRR to LTSR LOC | 16 males | 1st half of FY 12-13 | CHIPPS funding |
| **Philadelphia*** | Journey of Hope Program | 24 males | Possibly 1st quarter – FY 13 | Reinvestment – Start Up<br>Health Choices ongoing |
| **Philadelphia*** | Housing First services | 50 M/F | 1st quarter of FY12-13 | Reinvestment – Start Up<br>Health Choices - ongoing |

***** Note for Philadelphia – for identified new development - all of it is pending rate negotiations with the State and final impact of the Governor's cuts to the budget.

## VI. Specific Non-Residential Supports and Services for consideration to develop.

| County | Non-Residential Supports and Service to be Developed (Insert any to be developed and corresponding information) | Number of Individuals to be Served | Timeline for Development of the Program | Recovery focused service (Y/N) | Anticipated Funding Sources |
|---|---|---|---|---|---|
| **Bucks** | Transition to Independence (TIP) | 75 | FY 12/13 | Y | Start-up Reinvestment; Sustainability HealthChoices |
| **Delaware** | Forensic Peer Support | 50 | 1st quarter FY 12-13 | Y | Start-up Reinvestment; Sustainability HealthChoices and County Base |
| **Delaware** | Dialectical Behavioral Therapy | TBA | 1st quarter FY 12-13 | Y | Start-up Reinvestment; Sustainability HealthChoices, MA FFS |
| **Delaware, Bucks, Montgomery, Chester** | Extended Acute Care (EAC) | TBD | 2nd quarter FY 12-13 | Y | Start-up - Reinvestment; Sustainability - HealthChoices, MA FFS |
| **Philadelphia** | MH/IDS CTT | 60 yrly | 1st half of FY 12-13 | Y | Start up – Reinvestment Sustainability – Health Choices, MA FFS |
| **Philadelphia** | EAC Pilot Services | 20 -30 yrly | Current/ongoing | Y | Health Choices |
| **Philadelphia** | Supported/ Transitional Employment | TBD | 1st half of FY 12-13 | Y | Reinvestment and County Base |
| **Philadelphia** | Mobile Psychiatric Rehabilitative Service | TBD | Current/Ongoing | Y | Reinvestment and Health Choices |
| **Philadelphia** | Behavioral Health ACT team | 200 | Current/Ongoing | Y | Reinvestment and Health Choices |
| **Philadelphia** | Common Ground | TBD | Current/Ongoing | Y | Reinvestment and Health Choices |
| **Philadelphia** | Crisis Peer Specialists | TBD | Current/Ongoing | Y | Health Choices |

***Note for Philadelphia – for identified new development - all of it is pending rate negotiations with the State and final impact of the Governor's cuts to the budget.**

The four suburban counties are working with their managed care organizations to develop Extended Acute Care (EAC) services similar to those available in Philadelphia. It is anticipated that the EAC will be hospital based, as none of the counties currently has the financial capacity to support the ineligible room and board costs of a non-hospital based model.

## VII. Congregate settings of more than 16 beds for persons with mental illness. Complete the information for your county. Include a narrative below the chart on how service needs will be addressed and any policy changes that will occur to support the needs of the individuals.

| County / Joinder | # of Individuals with SMI living in a personal care home exceeding 16 individuals | Total Number of PCH | Number of Homes that have over 16 beds | Services Offered or Provided | Services which may be Needed |
|---|---|---|---|---|---|
| **Bucks** | **n/a** | **43** | **35** | **Consistent with the PCH license** | **n/a** |
| **Chester** | **n/a** | **31** | **27** | **Consistent with the PCH license** | **n/a** |
| **Montgomery** | **n/a** | **54** | **46** | **Consistent with the PCH license** | **n/a** |
| **Delaware** | **n/a** | **33** | **19** | **Consistent with the PCH license** | N/A |
| **Philadelphia** | DBH contract: 4 programs with > 16, a total capacity of 84 across the 4 programs. | **81** | **48** | **Consistent with the PCH license** | |

*Philadelphia is in a unique situation that it supports four programs that are licensed with a capacity that are greater than 16. These four programs provide a much needed enhanced support to unique populations (2 - chronic homeless women, 1 - co-occurring males, 1 – PSH discharge - geriatric/medically needy). Because of ongoing demand, there has not been reduction in capacity to 16. They currently all have full licensure status. Montgomery and Delaware also contract for licensed personal care homes, but all have capacity of less than 16 and have full licensure.*

The counties have all developed a Personal Care Home policy consistent with that of OMHSAS. No contracted PCH has more than 16 beds. No one from a state hospital is discharged to any PCH with more than 16 beds without prior advisement and approval of the Regional OMHAS Field Office and State Hospital treatment team. Anyone who is known to have a serious mental illness and is living in a PCH of more than 16 beds will be assessed annually to assure that he or she wishes to remain in that environment, or if not, will be offered other residential options from which to choose. Many of the

larger personal care homes are actually assisted living facilities which generally charge fairly high fees. Few, if any, persons who use the public mental health system are living in these settings. Individuals who live in PCBH have the same access to the public mental health system and supports as anyone else.

## VIII. Comprehensive Funding Strategy to support the development of services: Include the use of all funding sources that are currently available or may become available (Medicaid, Medicare, waivers, housing funds, grants, CHIPPs, etc.)

All the County programs make use of a variety of funding streams to support development and delivery of services. The transfer of CHIPP funds from the State Mental Hospital to the County Program is a standard vehicle when beds are to be closed. Each County's housing plan makes use of generic housing funds, such as PHFA, PATH, Shelter Plus Care, CDBG, Section 8, as well as Health Choices reinvestment funds for start-up. Ongoing clinical and rehabilitative services are supported through Health Choices, Medicaid fee-for-service, limited Medicare and private insurance, as well as County Base Allocations. Persons with co-occurring Intellectual Disability may be supported with ID waivers and persons with co-occurring substance abuse participate in services funded through the Drug & Alcohol program. Persons with a physical disability may be able to access a waiver program as may persons who are candidates for diversion from a nursing home. Each county's annual mental health plan provides more specific detail about their funding strategy.

A primary strategy for the County programs has been to reduce the use of mental health funds for the "hard costs" of housing, e.g. rent, utilities, etc. Using more generic housing funds for these costs, emphasizes the fact that everyone needs a home. It also frees up the capacity in CRRs and other County MH funded residential services. Residential services funded through the County MH program are viewed as transitional, with specific objectives to be achieved through participation in them. People should not lose their homes because they need inpatient or residential services.

At this writing, the FY 2012-2013 budget has been passed with a decrease in funding to community mental health services of approximately 7.6%. Additionally, some Counties in the Southeast may be applying for the Block Grant program recently enacted by the State Legislature. It is not known what the impact of these two developments will be on the feasibility of this plan.

## IX. Summary or other information: This section can be used for purposes of additional information or a summation of the plan.