

SENATE DEMOCRATIC POLICY COMMITTEE HEARING

Mayview State Hospital Closure

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Pittsburgh City Council Chambers

TESTIMONY OF

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Testimony to Senate Democratic Policy Committee

Christine Michaels, Executive Director

NAMI Southwestern Pennsylvania

My name is Christine Michaels, Executive Director of the National Alliance on Mental Illness; known as NAMI, of Southwestern Pennsylvania. I very much appreciate the opportunity to provide testimony in support of the closure of Mayview State Hospital before the members of the Senate Democratic Policy Committee. I would also like to publicly acknowledge the leadership provided by the Department of Public Welfare Secretary Estelle Richman throughout the Mayview State Hospital Service Area Planning process.

The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI Southwestern Pennsylvania serves a 10 county area including all five in the Mayview Regional Service Area. NAMI Southwestern Pennsylvania represents over 1900 members, with 14 affiliate groups organized for support, education and advocacy. NAMI advocates for all individuals and families affected by mental illness not just its registered members.

NAMI's support of the closure of Mayview State Hospital is grounded in its dedication to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery. The transformation of

our public mental health system to one that reflects less reliance on cost intensive state-run institutional settings has been a work in progress for many years.

Around 2003, the Office of Mental Health and Substance Abuse began a statewide planning process that grouped counties into nine service areas based upon which of the state hospitals they used for long term care treatment for individuals with serious mental illness. This planning process is called the Service Area Planning Process. This process has been and continues to be an open process, open to community stakeholders who have included consumers of mental health services, family members and providers. The Service Area Planning Process provides for the expansion and development of new community based services and supports. The local service systems are being prepared to support not only people being discharged from Mayview, but people in the future who previously would have been admitted to Mayview. More specifically, NAMI Southwestern Pennsylvania has been a participant on the Mayview Steering Committee for several years, and has had an active voice in the downsizing and closure process. Therefore the "family voice" has been at the table at all times.

We have been particularly impressed with the inclusion of families in the planning process for each individual. For the people who will be leaving Mayview, an individualized planning process called the Community Support Process has been implemented. This process is person centered and driven by the individual's choices regarding their treatment providers, their services, their supports, and their housing preferences. Individuals participate in peer assessments; the individual is interviewed

about his strengths and needs by a peer interviewer. With the individual's consent, a family assessment is also completed. The family is interviewed and welcomed into this community support planning process. The entire process provides for successful transition into the community. The 2006 Mayview Peer Assessment Report states: 39% of respondents want to live in a house, apartment or room by themselves. Fifty percent (50%) want to live in placement with family. The Community Support Process fosters relationships between individuals and their families, in many cases where the relationship had been very strained or even non-existent.

We have heard from several family members that have been involved in this process. While many families have approached participation cautiously, the result of engaging in the process as reported to us has been very positive. For example, one NAMI family member was very much against the hospital closing and very opposed to her son's discharge from Mayview. In spite of her concerns and pessimism, this mother participated in the process, her son is in the community, and their relationship is bringing her much joy. For example, she and her son go to bingo together, have dinner together, spend time talking together. She is now supporting the closure; she understands the Community Support Process as being focused on recovery and resiliency. She is a believer that treatment works, individuals with serious mental illness can recover, and living in the community supports recovery.

In February, 2007, in anticipation that Mayview State Hospital would be selected to close, NAMI Southwestern Pennsylvania composed a position brief: "Responsible State

Hospital Downsizing/Closure". A copy is attached to my written testimony. In that document, NAMI Southwestern Pennsylvania called for responsible closure that included thoughtful and extensive planning and ample financial resources, and we have watched the process carefully. The state and county have conducted service area planning, and for the individuals, the community support process planning. Both processes are characterized by transparency and accountability. Stakeholders are included in the process and their input is welcomed. Many times meaningful changes or responses occur directly related to stakeholder input or feedback.

This is a community process, one that we believe is having a positive impact on consumers and families as relationships are re-established and supported in the community. As long as services and supports continue with adequate funding and technical assistance, we expect this change to enhance the quality of life for many families. Therefore we support the closure and intend to continue to fully participate in this process.



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NAMI Southwestern Pennsylvania

Position Brief: Responsible State Hospital Downsizing/Closure

February 2007

NAMI Southwestern Pennsylvania, an affiliate of the National Alliance on Mental Illness, is a regional grassroots organization with a membership of 1,900 individuals, dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery.

Historically long term care for individuals receiving treatment for serious mental illnesses has occurred in large state operated psychiatric hospitals. Efforts to downsize these large facilities began with the deinstitutionalization movement of the 1950s. More recently with the 1999 Olmstead decision, the US Supreme Court ruled that it is discriminatory for a state to needlessly institutionalize a person with a disability. This decision along with the advent of more effective, newer generation medications, and evidence based treatments and supports have prompted states to re-evaluate the provision of treatment and care in these cost intensive institutional settings. With sufficient funding for community based treatments and supports, the majority of people with a serious mental illness are able to make personal decisions that lead to much richer lives in the community.

As Pennsylvania continues the transformation of the public mental health system to one that reflects less reliance on state psychiatric hospitals, it is NAMI Southwestern Pennsylvania's intent to ensure that all individuals have continuous access to a full continuum of both evidence based behavioral health treatment and supports, as well as meaningful opportunities for integration into their chosen community.

As services shift to the community, state and county mental health administrations must take the lead in ensuring for the responsible closure of units at state psychiatric hospitals. Individual patients and their families, in addition to the clinical team, must be directly involved in the development of a community service plan, which should have as its focus recovery based upon each person's specific needs and preferences for community living, treatment and supports.

Responsible closure must include thoughtful and extensive planning and ample financial resources. The immediate and long-term needs of individuals must be taken into account for community based treatment and supports. Responsible closure must also include adequate planning, monitoring and mechanisms for continuous quality assurance. In addition, this planning must go beyond the individuals currently hospitalized in order to address the possible future needs of mental health consumers. The planning process must continue to be transparent and welcoming of meaningful stakeholder input.

With this in mind we expect OMHSAS to provide technical assistance and sufficient financial support for the development and sustainability of a comprehensive and enhanced community-

based system of care, including assurance for individual access across all counties, rural as well as urban, including but not limited to:

- Accessible and consistent processes to ensure for consumer and family member input and inclusion in development of individual community support plans
- Ensure availability of individualized financial support for daily living necessities such as food, shelter, clothing and other basics as needed.
- Stable, affordable, safe housing options, including: expansion of independent supportive housing, group settings not exceeding 16 individuals per dwelling, individualized assistance, and ongoing follow-up
- Individualized opportunities for employment, and education/vocational training
- Services and supports that are culturally and geographically relevant
- Transportation assurance for adequate access to services, supports and community connectiveness
- Efficient processes for consumers and families to dialogue with service providers and to share their satisfactions and dissatisfactions with behavioral health services through effective Consumer Family Satisfaction Teams (CFST)
- Assurances for consumer safety
- Integrated quality physical health and wellness programs
- Enhanced peer support
- Opportunities for development of sustaining relationships and connectiveness to family
- Opportunities for connection to religious institutions which may foster one's spiritual needs
- Evidence based Community Treatment Teams
- Enhanced and expanded casemanagement capacity
- Occupational therapy and rehabilitation utilizing best practice models
- Mobile services, including mobile medication and crisis intervention
- Enhanced crisis diversion options through a timely and effective Crisis Response System
- Extended acute inpatient treatment
- Truly integrated treatment and supports for individuals dual diagnosed with substance use disorders and mental illness
- Specialized system of care for transition aged youth, including identified housing

We remind OMHSAS and county mental health administrations that the effectiveness of behavioral health treatment and supports must be judged by standardized outcome measurements, and tracking that includes continuous quality improvements, including meaningful consumer and family member satisfaction data that is linked to service delivery enhancement.

We expect OMHSAS and county mental health administrations to lend support for the passage of state legislation that requires the net proceeds of the sale or lease of state psychiatric facilities that are downsized, consolidated or closed, to be deposited into a Mental Health Community Services Trust Fund.

NAMI Southwestern Pennsylvania will continue to provide input and comment on the planning process to ensure for quality in community mental health treatment and supports that foster recovery opportunities for all individuals living with mental illnesses.