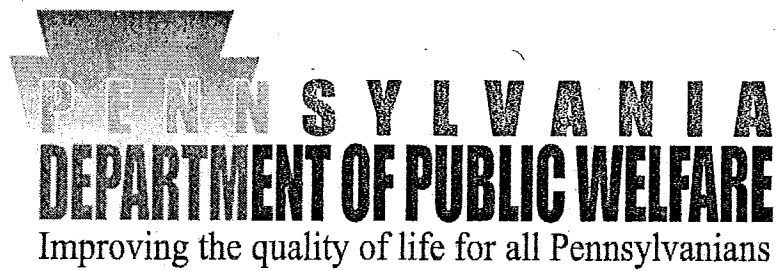


Testimony on
The Closure of Mayview State Hospital
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Senate Democratic Policy Committee
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Good morning Chairman Kasunic, Senator Ferlo, committee members and staff. Thank you for the opportunity to testify this morning and the chance to give you an update on the status of the closure of Mayview State Hospital.

I would like to start by taking a step back and putting the decision to close the civil section of the Mayview State Hospital in a larger context. In 1999 the United States Supreme Court rendered a decision known as the Olmstead Decision. The court held that once individuals have been successfully treated in a state-owned and operated psychiatric facility such as Mayview, those individuals have a right to return and be reintegrated into their community. The Majority opinion in this case found in favor of a “less restrictive setting.”

The Olmstead decision has had a major impact on how we care for and treat persons with serious mental illness in Pennsylvania and across the nation. For almost a decade, the Department of Public Welfare has been working diligently to implement the Olmstead decision. I want to be clear that Olmstead does not mean that we are automatically going to close down all state hospitals. Instead, the principles of this decision have helped to guide us as we have worked closely with Pennsylvania counties to make sure that the resources that will allow people to move from the state hospitals to their respective communities are and will continue to be available.

We are pursuing this objective by initiating a coordinated, statewide planning process known as Service Area Planning. The goal of Service Area Planning is to identify individuals who are ready to return to their community and make sure they have access to the appropriate services and supports through county mental health system to assist them throughout their transition. A key part of this process is that each year clinical staff review and evaluate individuals in our state hospitals who have been clinically stable and assess their suitability to move to the community. State hospitals work closely with the counties to determine how many individuals they should attempt to reintegrate to the community. This plan then becomes a Community Hospital Integrated Program Plan or what we refer to as a CHIPP.

Counties submit CHIPP proposals to the Department's Office of Mental Health and Substance Abuse Services for review and possible funding. The results of this program are well known and we routinely receive more CHIPP requests than we are able to fund. Through this process we are building up our county-based community system of care at the same time our state-operated hospital system of care continues to shrink.

I have taken some time to describe the Service Area Planning and CHIPP process because they have been important here in Southwest Pennsylvania. The five counties served by Mayview State Hospital – Allegheny, Beaver, Greene, Lawrence and Washington County – have all been very active participants in Service Area Planning. Mental health consumers, family members, professionals and state and county staff have worked together to create a vision for a system of care that no longer includes a state hospital.

This transformation in Southwest Pennsylvania has been many years in the making. The Department of Public Welfare and our county partners have been actively reducing the population served at Mayview for almost 20 years. Mayview's census has declined from 720 consumers in 1989 to the 225 consumers on the day of the closure announcement in August of 2007.

A number of key elements had to be in place before I could feel comfortable closing Mayview State Hospital. The first factor was the cooperation and support from the five counties and constituents served by the hospital. The counties, advocates, family members and, most importantly, individuals who experience mental illness – have been very supportive of the decision to close Mayview. I would not have proceeded without this support or without evidence that all of these key constituencies could work together.

We also evaluated the level of services and supports already in place and the ability of the counties to create new services needed by people being discharged from Mayview. All individuals being discharged must have a detailed case management plan. In some cases this plan may include the use of specialized Assertive Community Treatment teams. Each team is made up of a group of professionals including a half-time psychiatrist, a full-time nurse, three

case managers, three case managers aides and a master's level team leader. These teams have responsibility for their clients 24 hours a day and make contact seven days a week for new clients.

As an additional support, we are contracting with an independent group to conduct thorough risk assessments on those individuals who have been highlighted by hospital clinical staff of being at risk should they be discharged to the community. If we determine through this assessment process that the risk cannot be managed or poses too much stress on the consumer, their family or the community, we will take other actions including considering a transfer to Torrance State Hospital.

The location of Mayview State Hospital provides us the opportunity to ensure proper placement of all commonwealth employees currently employed at Mayview. There are alternative job opportunities at a number of state facilities include placements at Torrance State Hospital, the Department of Health, the Department of Education, juvenile detention facilities, state correctional institutions, the Department of Conservation and Natural Resources, and jobs at the state office building in downtown Pittsburgh. We have every intention of repeating our success during the closure of Harrisburg State Hospital in 2006 where not one employee was furloughed or left without employment.

As evidence of this goal, we have posted over 300 state positions for Mayview staff in the past six months. To date, we have placed well over 100 staff. Last month alone, we posted more than 100 additional positions for which we are still evaluating bids from Mayview staff. We have every reason to believe we will be successful in placing all of the remaining employees in state jobs by the time the hospital closes.

Where are we today? We currently have six wards open at the hospital and we anticipate closing the next ward by the end of April. To be clear, this is about 30 days behind the schedule we initially established in our planning process. We will not rush anyone's discharge simply to meet the deadline for the end of the year. If placements are not made or people are not able to move into the community safely and with the proper supports, we will slow down. We have

built some flexibility into the plan that lets us adjust in order to keep people safe and ensure that patients and their families are satisfied. At this point, we are still well within the framework of meeting the closure deadline of December 31, 2008.

To date, more than 80 individuals have been discharged from Mayview, leaving approximately 160 people at the hospital at this time. We anticipate that by the end of June 2008 another 65 individuals will be discharged, leaving roughly 95 residents at Mayview. Assuming that those remaining are ready, and their community supports are prepared, they will be discharged between July 1 and Dec. 31, 2008. But no one will be removed from Mayview Hospital unless we can ensure their safe transition.

We have a number of ongoing processes in place to keep the closure on track and to keep everyone informed.

The overwhelming majority of the individuals remaining in the hospital waiting for placement are from Allegheny County. We are continuing to work very closely with Allegheny County stakeholders to ensure they have the resources and the time necessary to safely plan for and transition all of their clients. We have a steering committee that meets monthly and reviews all activities and provides guidance as we develop and implement our plans for the future. This group includes community service providers, advocates, staff from all five county programs, staff from the Department of Public Welfare, as well as psychiatrists from the local communities.

The Department also meets quarterly in a public forum with stakeholders in the five county region. This gives us an opportunity to provide updates about all of the closure and community development activities. At the same time, we receive input, feedback and guidance from our core stakeholders that gives us a perspective we might miss back in Harrisburg.

We also provide a forum for families once a month at the hospital. We use this opportunity to educate families and connect them to the services they and their loved ones will utilize in the community. Because many individuals and their families have not dealt directly

with the community system of care for years, we want to make sure that everyone understands the array of services and supports that are available to them now.

Finally, we will continue to meet weekly with all of the counties and to review all aspects of the closure. We assess problems and issues in real time and correct any areas that are identified as the need arises. We fully anticipate that we will continue to learn, grow and improve the community system of care over time.

Pennsylvania has a lot of experience with hospital closures. We have closed a total of twelve state hospitals over the last two decades. The earliest closures date back to when Governor Bill Scranton was in office and Harrisburg State Hospital was the most recent in 2006.

I came to Pennsylvania over 20 years ago to oversee the closing of Philadelphia State Hospital and I can tell you first hand that there is no such thing as an “easy” closure. No matter how carefully we plan for all contingencies, unexpected and even unfortunate events will take place. The key thing is to learn from experience and use that knowledge to build a better system.

I believe the people assembled in this room today share a strong commitment to the idea that individuals with disabilities have the ability to experience full lives in the community. I share this goal and would like to thank all of the consumers, family members, state and county staff and mental health professionals who have worked together to make the goals and ideals of the Olmstead decision a reality for thousands of Pennsylvanians.

Thank you for the opportunity to testify. I am ready to take your questions.