



Policy on State Hospital Closure and Consolidation

The Pennsylvania Mental Health Consumers' Association is working on behalf of mental health Consumers/Survivors in Pennsylvania to ensure that treatment, as well as basic human needs are met and that human rights are protected. This includes the vision that appropriate or alternative treatment in the least restrictive environment is available, accessible and affordable to all individuals. In furtherance of this vision, PMHCA supports the closing of all State Hospitals in Pennsylvania and proposes the following guidelines for **responsible** state hospital closure and consolidation:

1. All services and resources shift from the state operated institution to the community. Throughout the established history of PA State hospitals, State hospitals have administered long term treatment. Long term treatment was achieved by removing citizens from their communities of choice and long term treatment (in any state hospital) became an involuntary commitment to an artificial community. Since the establishment of state hospitals, different paradigms have become realized and embraced by Consumers (and many ADA Consumer movements & associations), PMHCA, OMHSAS, and many other leadership organizations. Some of these paradigm principles include: CSP Principles, Community Hospital Integration Programs, and finally, recovery oriented systems principles versus the previous medical model treatment of symptoms. PMHCA believes that individual citizens should not be removed from natural & community supports and/or resources. But in agreement with the established paradigm of recovery, citizens with mental illness should retain the same rights of every American: to reside in the community of their choice and receive community based care in that community. This is a reasonable accommodation and best practice in other health related issues.
2. A comprehensive array of quality treatment, rehabilitation and support services that promote least restrictive, least intrusive approaches, must be available to Consumers in communities of their choice. This array of services should be based on assessment of consumer need, including a peer to peer assessment, and must also address educational, vocational, housing, spiritual and social needs. The array of services should be grounded in an individualized Community Support Plan (CSP) developed from the comprehensive assessment. Linkages should be established as an ongoing practice between state hospitals and community programs to ensure community connection and continuity with the CSP.
3. Services and supports must embrace recovery principles which support that full recovery from the debilitating symptoms of mental illness is possible. Furthermore, individuals who continue to have symptoms are able to regain a valued social role through social supports and self-management skills (which may include ongoing treatment) and are therefore living recovery from mental illness.
4. Services should be voluntary and should honor Consumer choice to the greatest extent possible, with the goal of true integration, participation and full inclusion in the community.
5. Consistent with Community Support Program principles, Consumer, family members and persons in recovery from substance abuse, must play key roles at every level throughout every phase of behavioral health system planning, monitoring and quality assurance.

6. Continuous quality improvement must play a significant role in the development and delivery of services and support. Consumer satisfaction is a priority and must be monitored by adequately funded Consumer Satisfaction Teams
7. The community system of behavioral health services and supports must be prepared to address the intense needs of our most vulnerable citizens who are leaving state hospitals. This would include assurance of a strong fiscal foundation, and core elements of training and technical assistance through Community Resource Teams (CRT) qualified to provide such consultation.
8. The system must reflect the cultural and demographic diversity of the Commonwealth.
9. The system must establish Consumer safety as a priority. A comprehensive monitoring system must be incorporated into the community-based behavioral health system that includes abuse, neglect and death investigations.
10. The system must establish a mechanism for monitoring and addressing the unnecessary diversion of individuals returning to the community into the criminal justice system.