



In 2006, the state received a D grade. Three years later, it has received a C, which represents progress, although not a standard of excellence. Now the challenge is to build on that momentum.

Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) has been working closely with consumer and family advocates in the state to design and implement community mental health services that are evidence-based and outcome-driven. At the same time, inadequate funding and continuing disagreements about what constitutes the appropriate mix between hospital care and community services cast uncertainties on the future.

The state is a national pioneer in reducing the use of seclusion and restraints in its hospitals. Since 1998, it has achieved an astounding reduction of more than 99 percent. It is similarly a leader in its use of consumer and family satisfaction teams in each county to assess the quality of services, while implementing its HealthChoices Medicaid managed care system. Additionally, OMHSAS appears to have a strong commitment to expanding evidence-based practices such as Assertive Community Treatment (ACT) and integrated dual diagnosis treatment (IDDT), although gaps in these services still exist in many parts of the state.

Pennsylvania recognizes that housing is a necessary cornerstone for services and recovery and is providing technical assistance to 15 counties to develop supportive housing in their communities. It has also made a strong commitment to training and employing peer specialists.

Additionally, OMHSAS is collaborating with the Pennsylvania Commission on Crime and Delinquency to develop or enhance mental health jail diversion courts. Five courts currently exist, and eight more are planned. Jail diversion programs are very much needed, as people with serious mental illnesses continue to be disproportionately incarcerated in Pennsylvania's jails and prisons.

Despite these positive innovations, there are storm clouds on the near horizon. Like many states, Pennsylvania is facing serious budget problems, and the economic downturn comes just as the state has closed Mayview, a state hospital which serves Pittsburgh and surrounding areas. Many advocates are concerned that adequate services are not in place to effectively address the needs of former Mayview patients in the community, most of whom require intensive services and supports. In 2008, the *Pittsburgh Post-Gazette* documented 10 recent deaths or serious incidents involving local residents with mental illnesses, some of whom

## Innovations

- National leader in reducing use of seclusion and restraints
- Consumer and family satisfaction teams in the counties
- Implementation of ACT, IDDT, and other evidence-based practices

## Urgent Needs

- Adequate mix of hospital and community services
- Expand mental health courts and jail diversion programs statewide
- Statewide police Crisis Intervention Teams

## Consumer and Family Comments

- *"At my center, there is generally a one- to two-month wait between the intake interview and the initial meeting with the psychiatrist, and a month can be a long wait when you're really struggling."*
- *"Public mental health services provided a safety net for me when I had nothing."*
- *"Consumers cannot recover and cannot reach their full potential without a place of their own."*

were former Mayview patients.<sup>1</sup> Other hospitals in Western Pennsylvania are overburdened trying to serve individuals who previously would have gone to Mayview.

Eliminating state hospitals without adequate services in the community will exacerbate already serious problems, placing vulnerable people at great risk, and increasing burdens on criminal justice systems.

Legislation modeled after New York State's "Kendra's Law" to provide court-ordered outpatient treatment (assisted outpatient treatment) is under consideration in Pennsylvania. Enactment of this legislation would be helpful, as long as resources for services are available.

Pennsylvania has reached a critical juncture in choosing how services should be structured for people with the most severe mental illnesses and in what settings these services should be delivered. At a time of economic uncertainty, Pennsylvania must try to determine whether it should continue closing hospitals despite a significant shortage of community-based services, particularly in the rural regions that make up most of the Commonwealth. How Pennsylvania responds to this challenge will go far in determining if Pennsylvania is truly ready to achieve a state-of-the-art mental health care system.

<sup>1</sup> Joe Fahy, "Referrals to Western Psych Halted: State Intervenes After Rash of Incidents Involving Outpatients," *Pittsburgh Post-Gazette*, July 24, 2008.