

*DPAU "Challenge"  
Nov-Dec 76*

# Mental Retardation

The Department's emphasis during the year continued to be the expansion of opportunity for mentally retarded citizens to live and work in a normal community environment.

At the same time, residents of State Schools and Hospitals (changed by legislation July 1976 to Centers) continued to receive individual assessment to determine treatment programs based on individual needs.

## *Community Living Arrangements*

More than 2,600 persons were served by the community living arrangements program during the year, in group homes, apartments and other residential environments. Approximately 54 per cent of the persons living in these residential settings were previous residents of State institutions.

Group homes increased in number from 103 in 1974-75 to 124 in 1975-76. Apartment living arrangements increased from 239 to 415. The number of children in family placement homes in 1975-76 was 85, compared to 53 in the previous year. Adult family placement increased from 137 last year to 160 in the past fiscal year.

An example of one of the innovative approaches used by the CLA program during the year is the Supervised Apartment Project for non-ambulatory cerebral palsied-mentally retarded persons in Pittsburgh.

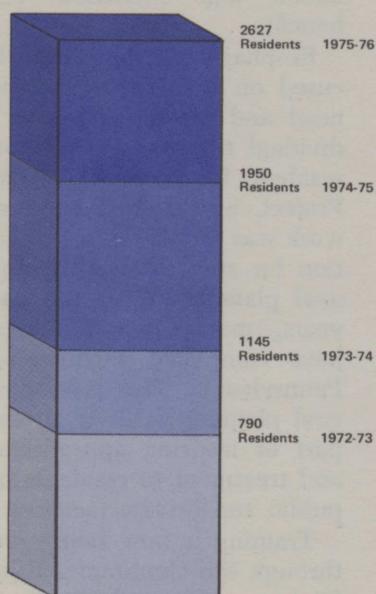
Recognizing that these citizens, because of their multi-handicaps, were virtually excluded from semi-independent living arrangements, the United Cerebral Palsy Association initiated the program. To participate, a person must be developmentally disabled, 21 or older, have a motor disability and be eligible for service through the Allegheny County Mental Health/Mental Retardation program.

Located in a private housing development within the City of Pittsburgh, rental costs are based on a sliding fee scale according to each person's monthly income. The person signs his or her own lease with the City Housing Authority. Under a Federal subsidy law, qualified persons can receive up to 75 per cent of the rent for public housing.

Each apartment is adapted with equipment such as grab bars, ramps and stairway lifts, to aid the physically handicapped. During the day, each individual leaves his or her apartment for daytime activities either in a sheltered workshop or in work training programs. Started in November 1975, eight residents are participating in this unique program.

An outstanding achievement of the CLA program during the year has been the continuing development of children's residential programs which have successfully demonstrated better program quality for the handicapped child than the traditional group home. In the children's residential program, emphasis is being directed toward small apartment residential settings with a husband and wife team serving as house parents for two children, usually of varying ages. This type of program offers better integration into the neighborhood, the school and the community. It affords a more normal living situation for the children. Other positive aspects of the program include less staff turnover and the ability

TOTAL PERSONS SERVED THROUGH  
THE COMMUNITY LIVING ARRANGEMENTS PROGRAM



to initiate a program more rapidly.

This successful program now numbers over 150 children in 67 apartment settings. This trend will continue to be further developed in subsequent years.

An important part of the CLA program during the year involved the evaluation and monitoring of its services. Training was provided to houseparents and staff members working with CLA to insure quality programs. PASS (program analysis of service systems) evaluations were performed on eight CLA programs to assess the quality of each and to make suggestions for construction change where necessary.

A fiscal audit format was also developed in cooperation with the Auditor General to assist in monitoring programs and insuring accountability.

#### *State Centers*

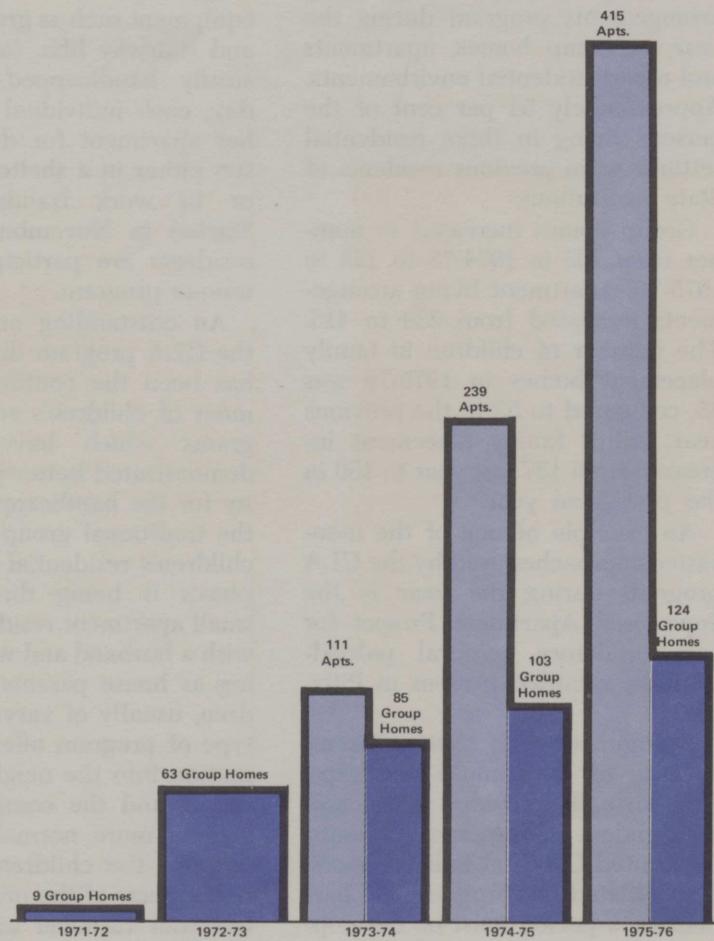
The number of residents in the 10 State Centers declined from 9,220 in June 1975 to 8,517, as of June 1976. Staff complement remained relatively stable at 9,965 compared with 9,997 in June 1975.

Despite the decline in resident population, the cost per diem at the State Centers rose from an average of \$39.50 in fiscal 1974-75 to \$51.00 last year because of inflation and increased employe benefits.

Emphasis continued to be focused on individual assessment of need and the development of individual treatment plans for each resident. Under the Goal Planning Project, a statewide training network was set up to provide instruction for staff in the techniques of goal planning. Over the past five years, more than 4,800 persons have completed such training in Pennsylvania. The development of goal planning skills is an essential part of insuring appropriate care and treatment to residents of both public and private facilities.

Training is now being provided through the Continuing Education Division of Pennsylvania State University at all 22 regional campuses. No Department funding is required, but a full range of instruc-

GROWTH IN COMMUNITY LIVING ARRANGEMENTS PROGRAM  
(Number of Homes and Apartments)



tional material is provided by the Office of Mental Retardation.

In April 1976, five workshops were offered and 176 persons enrolled at 17 campuses. Four regional conferences were also held during the year, involving 240 persons from various facilities serving mentally retarded people.

*Altoona Center*, a four-story modern facility, located in Altoona was officially opened in November to serve 138 non-ambulatory, severely and profoundly retarded citizens.

A complete complement of services, ranging from educational programming to individualized therapy, is offered at the Center. Its proximity to health facilities in Altoona have improved the quality of care by increasing the availability of specialized services.

In addition, the Center has ten beds available for respite services—temporary residence for a retarded person who lives with his or her family for periods when the family is experiencing stress, personal

crisis, or needs a vacation.

Accommodations can also be made for parents of residents who must travel a long distance thus enabling them to visit more frequently.

Those persons served at the Center were transferred from Cresson Center where antiquated buildings and architectural barriers limited the kind of programs and activities available to them.

*Woodhaven Center*, operated jointly by Temple University and the Department reached its full capacity of 300 residents in November 1975. This innovative facility offers short-term rehabilitative service for mentally retarded children and adults who are emotionally disturbed, hyperactive, socially maladjusted or physically handicapped. It also serves as a training facility for personnel in the MR field.

The need for legislation dealing with admission and commitment procedures became more urgent last year as the result of a number

of court decisions.

In the case of Bartley vs. Kremens, in November 1975 the Court declared Sections 402 and 403 of the 1966 Mental Health/Mental Retardation Act unconstitutional as they pertained to the involuntary commitment of juveniles. The decision has been stayed pending the outcome of the Commonwealth's appeal to the Supreme Court.

In July 1976, the Court declared unconstitutional Section 406 of the 1966 Act dealing with the involuntary commitment of adults. The Goldy vs. Beal decision has also been stayed pending enactment of new legislation.

A Mental Retardation Procedures Act was introduced in the General Assembly and public hearings were held during the year. It is expected that a revised form of that legislation will be introduced in the new session of the Legislature when it convenes in January.

A task force from the Department is assisting in the preparation of this much-needed legislation.

*Sandy Smith, Pennsylvania's winner (center), poses in front of her prize entry with Jean Kennedy Smith, National Chairperson of the Very Special Art Show, and Welfare Secretary Frank Beal at the National Show in Washington, D. C.*



#### PLAN NOW FOR THE 1977 PENNSYLVANIA ART SHOW FOR THE MENTALLY RETARDED

All art entries will be judged on the local, community, county and regional level, during February and March, 1977. Any mentally retarded person is eligible to enter this contest.

Winners of these contests will be exhibited at the State Contest at the William Penn Memorial Museum, Harrisburg, beginning April 10. Award reception for the statewide winners will be held on April 17.

For more information, please contact  
Bureau of Public Education  
Room 313  
Health & Welfare Bldg.  
Harrisburg, PA 17120

# Mental Health

During the Fiscal Year 1975-76, the Mental Health Program in Pennsylvania underwent many significant changes with a renewed emphasis on treatment within the least restrictive and most appropriate setting and on patient rights. Several court orders declared sections of the Mental Health and Mental Retardation Act of 1966 unconstitutional affecting the voluntary admission and involuntary commitment procedures.

## "System Integration"

On January 30, 1976, the Comprehensive Mental Health Planning Committee submitted to Secretary Beal its preliminary report, *Toward Complete System Integration*.<sup>\*</sup> The report, representing 18 months of intensive study by representatives of more than 30 statewide organizations, recommended, as essential needs, a clearly defined single point of entry at the community level to the mental health treatment system, a unified budget system which allows funds to follow the patient, and an assurance of continuity of care. The Committee also stressed, among other recommendations, patient rights, the provision of humane living conditions for patients unable to reside independently in the community, the provision of timely, adequate and appropriate mental health services to all citizens of Pennsylvania, and the integration of the mental health system into a unified human services delivery system.

\*Copies of the Committee Report may be obtained from the Bureau of Public Education, P. O. Box 2675, Harrisburg, PA 17120.

## Act 143

Recognizing the need to revise commitment procedures, the General Assembly, after holding hearings throughout the State to obtain recommendations from public and private agencies and from the citizenry in general, passed S.B. 1025, which was signed by the Governor on July 9 as Act 143, The Mental Health Procedures Act. The effective date of the Act was September 7, 1976.

The new law establishes procedures for admission and commitment, providing provisions for withdrawal from voluntary treatment, for informed consent of a voluntary patient, for limitation of involuntary commitment to "clear danger" criteria, for review of the involuntary commitment within 72 hours culminating in either discharge, voluntary admission or extension by the court of the involuntary commitment. The law also requires that a treatment plan be developed to meet the specific needs of the patient. Rights of patients are assured and enumerated in the Act.

## Program Emphasis

In order to more adequately meet the needs of the citizens of Pennsylvania, major emphasis has been placed on several program trends. In order to provide appropriate and adequate treatment and care for the convicted mentally ill, the Department is addressing the need for forensic units within the State mental hospitals for those persons needing minimum security only. Such units would be designated within the four Regions of the Department, thereby making them more accessible for patients within those areas and also making the eventual transition back into the community easier for the patient. The Department is also pursuing with the Bureau of Corrections the provision of psychiatric services to prisoners within the Correctional system.

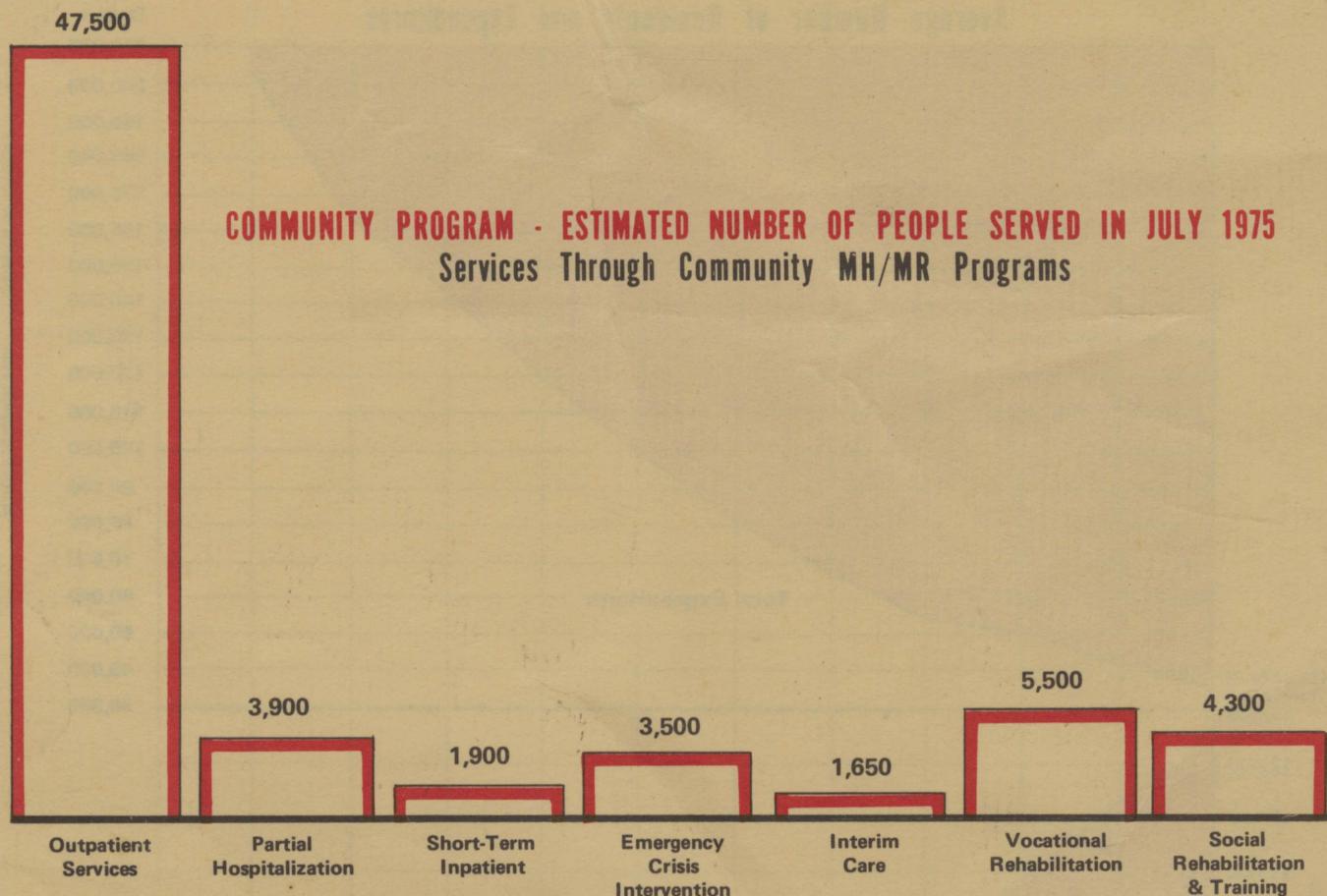
Long Term Care Units are being established at various State mental hospitals to meet the need for skilled nursing and intermediate alternate care for those patients who no longer need intensive psychiatric treatment but who cannot be placed in the community in nursing homes, boarding homes or other aftercare facilities.

The Department has also addressed the long recognized gap in services for the emotionally disturbed child. On June 30 a Children's Psychiatric Treatment Center was opened at Mayview State Hospital. This 40-bed psychiatric hospital unit for children ages 4 to 13 will complement community-based programs in the area and offers inpatient therapy to children who need such intensive care and treatment. The availability of mental health services for children in the community is being surveyed and efforts are being made to provide such services throughout the State.

In its efforts to eliminate duplication of services and to effect a greater funding accountability, consolidation of two under-utilized State mental hospitals (Hollidaysburg and Somerset) was announced on June 29. Somerset was chosen as the site of the consolidated hospital. An evaluation of the patients at Hollidaysburg will determine their capability to move elsewhere and, for those older patients who cannot be moved, a small skilled nursing unit will be established at Hollidaysburg State Hospital. The Hollidaysburg State Hospital, by legislative action, will be converted into a veterans nursing home.

By contract, the Department is also focusing on another pressing need in the development of a comprehensive system of community-based rehabilitative and support services for the mentally disabled. Such services will include the residential, social, vocational and community support needs of a population of mentally dysfunctional persons, including those awaiting dis-

At the same time, more than 175,000 persons are receiving services through community mental health-mental retardation programs, at an estimated cost this year of \$76.5 million.



Under the Mental Health/Mental Retardation Act of 1966, it was envisioned that the development of community services would supplement the traditional institutional services, thereby creating a comprehensive mental health services delivery system capable of providing the appropriate response, when and where it was needed. It was expected that the role of the State mental hospitals would diminish since they would become only one type of service provider among many.

As services developed, however, significant deficiencies have been identified. The community services have not been merged with the institutions in terms of funding, patient care programs or emphasis. Many organizational and political barriers have developed which almost completely stymied the de-emphasis of the institutional component. The result has been an inexorable rise in expenditures for institutional care and a lack of necessary funding for community programs.

To correct these deficiencies and achieve the intent of the 1966 legislation, the Department is continuing its mental health planning efforts through the Comprehensive Planning Committee. Four pilot projects designed to bring together community and institutional resources are a major part of these efforts.

To facilitate this, it is strongly recommended that the institutional and the community appropriations be combined to enhance the ability of the Department to plan more effectively and to bring about the integrated system so badly needed.

The emphasis in the mental retardation program continues to be the maximum development of every retarded person in the Commonwealth. Supportive services are designed to enable retarded people to avoid institutionalization and to live as normally as possible in the community.

Although the vast majority of Pennsylvania's 360,000 retarded citizens do not require the intensive care offered through institutional programs, for those who do, the Department is emphasizing the development of individual assessment of needs and personalized treatment programs.

Through the Community Living Arrangements program and expanded community support programs, the number of residents of State Schools has continued to decrease. This has significantly relieved the overcrowding that had existed in some facilities. In addition, increases in staff authorized during the last fiscal year have resulted in a resident-staff ratio of 1 to 1, increasing the capability to provide the quality care and treatment needed to help each resident reach his potential level of growth and development.

### STATE SCHOOLS FOR MENTALLY RETARDED Average Number of Residents and Expenditures

