

*DPU "CHALLENGE"
NOV-DEC 75*



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG

FRANK S. BEAL
SECRETARY



To the People of Pennsylvania:

With this issue of *The Challenge*, the Department is initiating a yearly report to the people concerning the main thrusts of Department programs and the highlights of the year's activities.

This is not an inclusive report of all of the activities of the Department, but a survey designed to enable our readers to gain an overview of the Department's major efforts during fiscal 1974-75. Those readers who would like more detailed information about specific programs should write to the Bureau of Public Education for additional material.

During the fiscal year, we continued to strive toward the twofold goal of making our human service programs both administratively accountable and responsive and relevant to the needs of the people of the Commonwealth.

Programs and services for the mentally ill, the mentally retarded, the elderly, the young, and for people living in poverty are designed to "help people help themselves." Human service programs make it possible for people to cope with crisis situations caused by financial problems, illness, family crises, the disabilities which often accompany aging—all of the stressful situations that individuals or families may confront during their lives.

The major thrust in developing programs in all areas is to provide services in the community which enable people to receive help where and when it is needed and to avoid unnecessary institutionalization. Community alternatives are making it possible for families to remain intact and for persons with disabilities to remain a part of the community.

For those persons who require more intensive care through institutional programs, the emphasis is placed on individual needs assessment and treatment programs designed to meet those needs.

In all programs, there is an increasing involvement of the community in the determination of what services are needed and in setting priorities. The involvement of citizens at the local level increases the awareness that human services are an indispensable part of each neighborhood, designed to sustain each family's functioning and to improve the quality of life in the community.

An essential element in the provision of human services must be an emphasis on the worth and dignity of the individual being served and the Pennsylvania Department of Public Welfare's efforts continue to be geared both to achieving accountability and to delivering services with a concern and a respect for the integrity of all of our clients.

Very truly yours,

Frank S. Beal
Frank S. Beal
Secretary

DEPARTMENT OF PUBLIC WELFARE

1974-1975 FISCAL PERIOD

	1974-1975 Amount Available		
	State Appropriation	Augmentations Received	Total Available
General Government Operations	16,711,000	16,082,162	32,793,162
STATE GENERAL HOSPITALS	10,980,000	28,808,279	39,788,279
YOUTH INSTITUTIONS	21,367,000	2,447,568	23,814,568
RESTORATION CENTERS	6,498,000	5,651,921	12,149,921
MENTAL HEALTH AND MENTAL RETARDATION SERVICES			
Institution			
Institutions - Mentally Ill	187,001,594	66,563,747	253,565,341
MR-ICF Units at State Hospitals	2,257,170	5,186,540	7,443,710
Institutions - Mentally Retarded	93,984,236	50,320,170	144,304,406
Additional Staff	2,500,000	-0-	2,500,000
Resident Population Dispersal	500,000	-0-	500,000
SUBTOTAL - Institutions	286,243,000	122,070,457	408,313,457
County Program			
Community Services	67,630,000	636,076	68,266,076
Small Units	13,596,000	940,998	14,536,998
SUBTOTAL - County Programs	81,226,000	1,577,074	82,803,074
TOTAL - MH/MR Services	367,469,000	123,647,531	491,116,531
PUBLIC ASSISTANCE PROGRAM			
Supplemental Grants - Aged, Blind and Disabled	\$ 40,619,000	\$ -0-	\$ 40,619,000
Cash Grants	404,203,000	332,331,673	736,534,673
Medical Assistance	231,981,000	222,880,618	454,861,618
County Administration	78,499,000	77,558,818	156,057,818
Claims Settlement	2,000,000	1,915,489	3,915,489
TOTAL - Public Assistance Program	757,302,000	634,686,598	1,391,988,598
GRANTS AND SUBSIDIES			
Children's Heart Hospital	500,000	-0-	500,000
Home for Crippled Children	250,000	-0-	250,000
Pennsylvania Association for the Blind - Pittsburgh	25,000	-0-	25,000
Philadelphia Center for the Blind	25,000	-0-	25,000
Armstrong County Health Center	200,000	-0-	200,000
Beacon Lodge	25,000	-0-	25,000
Western Psychiatric Institute and Clinic	3,500,000	-0-	3,500,000
Grants to Communities - Aging	4,717,000	14,997,521	19,714,521
Training Personnel - Geriatric Homes	50,000	93,967	143,967
Day Care Services - Children	5,700,000	32,239,172	37,939,172
Day Care Services - Children Federal Revenue Sharing	4,900,000	-0-	4,900,000
Grants to Communities - Juvenile Delinquency	2,000,000	1,443,284	3,443,284
Subsidies for the Blind	778,000	1,694,263	2,472,263
Payments to Counties - Child Welfare	39,109,000	26,547,016	65,656,016
Social Services	2,198,000	22,123,558	24,321,558
Arsenal Family and Children's Center - WPIC	100,000	-0-	100,000
Consultive and Psychiatry Program	400,000	-0-	400,000
TOTAL - Grants and Subsidies	64,477,000	99,138,781	163,615,781
CAPITAL IMPROVEMENTS	466,000	-0-	466,000
DEPARTMENTAL TOTAL	\$1,245,270,000	\$910,462,840	\$2,155,732,840

Health Care

decently, to avoid the debilitating effects of untreated illness, and to become independent members of our communities.

During the fiscal year, a monthly average of more than 366,000 persons received a medical service—an increase of almost 20 percent over 1973-74. The total cost of the Medical Assistance program was \$671.8 million, compared to \$568.9 million in 1973-74—approximately half of these costs are reimbursed by the Federal government.

Benefits include inpatient hospital care, skilled and intermediate nursing care, post-hospital care, transportation services, clinic services, laboratory and x-ray services, medical appliances, psychiatric and drug and alcohol clinic services, and the services of physicians, dentists, pharmacists, chiropractors, podiatrists and visiting nurses.

A priority of the Department has been to reduce the cost of medical care through the elimination of unnecessary days spent in a hospital and through the expansion of outpatient services to avoid the need for hospitalization.

Inpatient hospital care is the largest single cost of the medical assistance program. To reduce unneces-

sary hospitalization, the Department initiated the Pre-Discharge Utilization Review (PDUR) program in 1973 on a pilot basis in Allegheny County. The program is designed to prevent overutilization of inpatient services through the careful examination of the need for admission, the provision of guidelines for duration of hospital stay, and the establishment of review committees to monitor compliance with recommended standards.

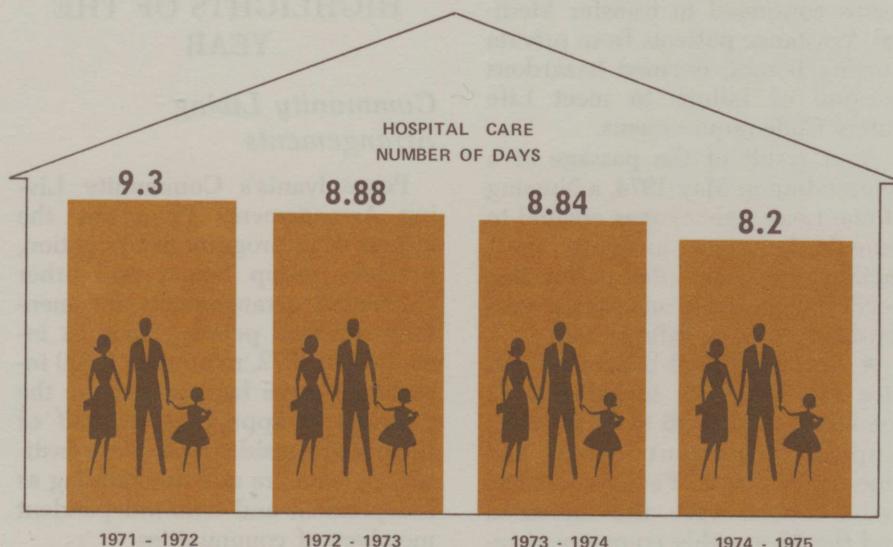
Based on the success of this program, it was expanded into Southeastern Pennsylvania in January 1974, and statewide in October 1974.

The average length of stay declined from 9.3 days in 1971-72 to 8.2 days in 1974-75, resulting in a savings of more than \$33 million.

HIGHLIGHTS OF THE YEAR

- Full operation of the early childhood health screening program designed to detect and treat health deficiencies before they cause serious impairment to growth and development. This is discussed in more detail under Services to Children.

MEDICAL ASSISTANCE



INPATIENT HOSPITAL CARE IS COSTLIEST ITEM OF MEDICAL ASSISTANCE PROGRAM. WITH PRE-DISCHARGE UTILIZATION REVIEW, LENGTH OF HOSPITAL STAYS HAVE SHORTENED AND COSTS DECREASED.

One measure of a society's concern for people is the quality of health care made available to them—not only to those who have the financial resources to pay for good care, but to all citizens.

The Department's primary goals in the Medical Assistance Program are:

- to establish a health delivery system which provides adequate health care in an environment in which needy people are treated with respect and dignity; and

- to develop an efficient and accountable delivery system to insure that funds expended provide the greatest possible services at the least possible cost.

Persons eligible for cash assistance and SSI are eligible for Medical Assistance benefits. Other needy families may also be eligible depending on their income and expenses.

Adequate health care is essential to enable children and adults to live

- Initiation of the Prepaid Pharmaceutical Plan, on February 1, 1975, which enables persons dependent on medical assistance to obtain prescription drugs in a manner similar to services extended under private health insurance plans.

The program also provides, for the first time, data which makes it possible to monitor drug usage to safeguard the health and well-being of users and to identify cases of misutilization and abuse by recipients and providers.

- Two Health Maintenance Organizations (HMO) serving approximately 12,000 medical assistance recipients were functioning at the end of the fiscal year for the purpose of providing competitive alternative health delivery systems in the major urban centers of Pennsylvania. Contracts with five more HMO's are anticipated during the 1975-1976 fiscal year.

Guaranteed availability of services, as well as more efficient processing of invoices and cost control are by-products of the HMO. These alternative health delivery systems will provide health services to all citizens and will ensure that the prepaid/HMO option is available to a large portion of those citizens eligible for Medical Assistance in 1975-76.

- Nursing Home relocation teams continued to transfer Medical Assistance patients from private nursing homes, deemed hazardous because of failure to meet Life Safety Code requirements.

As a result of the passage of a referendum in May 1974, a Nursing Home Loan Agency was created to provide low cost loans to assist facilities to make the corrections needed to meet fire and safety standards of the Life Safety Code.

- Other medical assistance service improvements included a \$3 fee increase from \$6 to \$9 to select hospital outpatient clinics and emergency rooms. Fees for cardiac catherizations were also increased and the \$5 monthly co-payment requirement for medically needed recipients was removed. Eyeglasses and hearing aids are available to screened individuals.

Opportunity for Retarded Citizens

During the last decade, a new era of opportunity has emerged for mentally retarded citizens. The concept is based on the principle of "normalization" which means that retarded citizens have the right to learn, to work, to earn, to play, to love, to vote, even to take risks—in other words, to live as normally as possible.

For the more than 360,000 retarded citizens in Pennsylvania the Department's major goal during the fiscal year was to strengthen and expand supportive services in the community to enable every mentally retarded person to live as independently as he or she is able and to avoid institutionalization.

HIGHLIGHTS OF THE YEAR

Community Living Arrangements

Pennsylvania's Community Living Arrangements Program, the largest such program in the nation, provides group homes and other residential arrangements for mentally retarded people. Since its inception in 1972, more than 2,500 individuals have been served by the program — approximately half of them were residents of State institutions who are now functioning as independent and semi-independent members of communities.

During the fiscal year, 1,920 persons were served under the program. As of June 30, 1975, 1,605 persons were in the program, of

which 786 were former residents of State institutions, 78 from private facilities, 741 from the community, and the remainder from other types of living arrangements.

Twenty-five group homes were established during the year, and over 200 other types of residential arrangements were added to the program.

In addition to providing a home in the community, the CLA program provides supportive services such as training in daily living activities, recreation, and assistance in being integrated into all aspects of community life.

Each type of residential setting serves as a base from which individuals may go forth into the community — to school, to church, to sports events, to recreational activities, to shop and to work.

Despite the success of the program, the benefits to both mentally retarded citizens and the communities in which they live, many communities have been reluctant to permit group homes because of groundless fears and ignorance about mental retardation. There is a continuing need for public information and education programs to help people understand what mental retardation is and to focus attention on the capabilities and talents of mentally retarded people.

By living and working in the community, mentally retarded people become useful, productive citizens. They contribute toward their own support, reducing state and local governmental spending. They become taxpayers instead of being

tax-supported. But, most importantly, they are enabled to live as normally as possible, with dignity and independence, self-esteem and self-sufficiency.

Family Resource Services

More than 95 percent of all mentally retarded persons live in their own homes or in community settings. To provide help for families with a retarded member living at home, the Department initiated the Family Resource Services program in 1973. Under the program, families can obtain temporary care for a retarded member during illness, family crises, or when the family takes a much-needed vacation. Family aid supplies a person to care for a retarded family member for a few hours at a time so that the family can keep medical appointments, shop, and participate in normal community activities.

Other services include recreation, homemaker services, transportation, in-home therapy and parent training.

During the fiscal year, more than 31,700 families received help through the program.

Early Intervention

By providing care and treatment for a retarded child at the earliest possible time, mental retardation can be minimized. Twenty-four early intervention projects located in 19 urban and rural counties of Pennsylvania provided individually developed training programs to 500 children from birth to school entry age during the year. These projects are designed to maximize the child's present skills and development potential and to increase the family's ability to assist with growth-facilitating experiences. Cognitive, motor, sensory, self-care, language and personal-social skills for the child and family training methods and techniques are developed.

Vocational Services

An essential ingredient for achieving independent living is employment. Through vocational services, mentally retarded people receive job training and are assisted

in finding employment in business and industry or in sheltered workshops in the community.

Vocational services include evaluation to identify interests and skills, personal and work adjustment training, vocational training, job placement and sheltered employment.

During the year, more than 6,000 mentally retarded persons participated in the program.

Institutional Programs

Although the vast majority of mentally retarded people do not need the intensive care offered through institutions, for those who do require that level of care, the Department emphasized the development of individual assessment of needs and personalized treatment programs during the year.

Through funding under Act 75A, effective December 13, 1974, a Medical Assessment Project for state schools was conducted. This survey established guidelines for

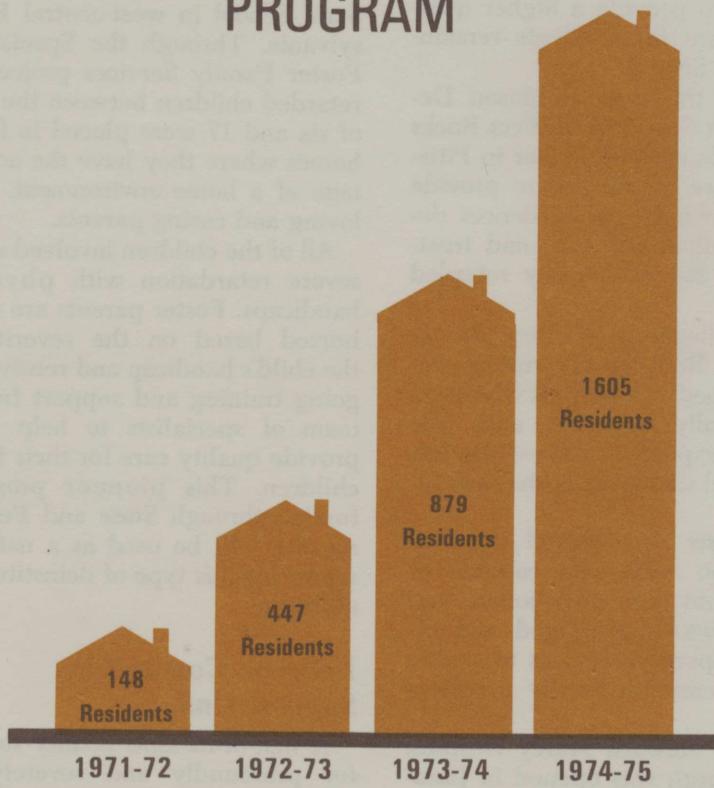
the evaluation of each resident's ability to care for his or her own personal needs and to function in an independent manner. Not only medical information, but tools such as genetic counseling, occupational and physical therapy, and speech and hearing examinations were used to determine individual needs and appropriate treatment to meet those needs.

As the result of the Department's efforts to provide the opportunity for residents of state schools to enter community living arrangements and increases in staff, the resident-staff ratio during the year was maintained at one-to-one, on the basis of all staff members.

A better resident/staff ratio insures the capability to provide the quality care and treatment necessary to help each resident reach his potential level of growth and development.

As part of this project, a staffing and management review of all state schools was begun to assure the maximum utilization of personnel.

COMMUNITY LIVING ARRANGEMENTS PROGRAM



<i>State Schools & Hospitals</i>	<i>Staff Complement</i>	<i>Population Resident</i>
Cresson	600	419
Ebensburg	983	884
Hamburg	758	746
Laurelton	498	417
Pennhurst	1,580	1,487
Polk	2,185	2,161
Selinsgrove	1,334	1,411
Western	767	552
White Haven	931	829
Woodhaven	96	158
Total	9,732	9,064

Polk Dispersal Project

To deal with the overcrowded situation at Polk State School the Department initiated the Polk Dispersal Program—a concentrated effort to provide better care for residents in need of institutional programs and to enable those residents not in need of institutional care to live in independent or semi-independent community settings.

Through extensive work with families and community agencies, 25 percent of the residents of Polk, who were capable of living in the community, were provided with semi-independent and intermediate care living arrangements. This decrease in the population enabled the staff to provide a higher quality program for residents remaining at the School.

During the year, Robinson Development Center in McKees Rocks and Highland Park Center in Pittsburgh were established to provide skilled nursing care residences delivering intensified care and treatment for 264 profoundly retarded adults.

The Allegheny Valley Senior School in Robinson Township provided 32 beds for persons who were exceptionally capable and who could be expected to move into less supervised situations in the near future.

Emphasis was placed on residents who were also capable of moving into their own homes, and parents were encouraged and offered supportive services to enable them to care for family members at home.

The C. Howard Marcy Hospital in Pittsburgh was opened in January for 152 former residents of

Polk who were ready to begin rehabilitation and vocational training.

Other residents were located in foster homes, group homes, independent living situations, or in their own homes.

Through this intensive program, the population of Polk was reduced from more than 2,500 to 1,900. The institution is still operating beyond its true capacity, and efforts under the dispersal project will continue during the 1975-76 fiscal year.

The benefits are twofold. Those residents who are capable of living in the community are receiving the supportive services necessary for them to make the adjustment successfully. A new life is opening for them.

Those residents who remain at Polk are benefiting from a higher staff to resident ratio which has made it possible to provide better treatment programs, recreation, expanded opportunity for excursions and trips, and an environment which is service oriented.

Cresson State School's Foster Family Services

A special pilot project was initiated during the year at Cresson State School in west-central Pennsylvania. Through the Specialized Foster Family Services project, 12 retarded children between the ages of six and 17 were placed in foster homes where they have the advantage of a home environment, with loving and caring parents.

All of the children involved suffer severe retardation with physical handicaps. Foster parents are reimbursed based on the severity of the child's handicap and receive ongoing training and support from a team of specialists to help them provide quality care for their foster children. This pioneer program, funded through State and Federal monies, will be used as a national model for this type of deinstitutionalization.

Lebanon County Life Support Unit

A first-of-its-kind facility to care for profoundly and severely retarded people was developed in

Lebanon County through the Community Living Arrangements Program. The facility is designed to enable Lebanon County residents, previously in State Schools throughout the Commonwealth, to be brought home to be cared for where parents and family members can be close enough to visit and assist in treatment programs.

Pennsylvania Fellowship Plan

During the year, the responsibility for the Fellowship Plan was assumed by the Pennsylvania Association of Retarded Citizens (PARC). Initiated in 1973, the project provides volunteers to serve on a one-to-one basis as big brothers or sisters to mentally retarded citizens, assisting them with learning the daily living skills needed to live in the community.

Second Annual Art Show

A concrete example of the ability and talent mentally retarded individuals demonstrate, if given the opportunity, is vividly shown during the Department's annual art shows.

The Second Annual Show was exhibited in the William Penn Memorial Museum, Harrisburg, from April 11 through May 12. All of the art on display won the honor to be shown at the juried art show by virtue of having won in local community, county and regional competition before advancing to the final statewide contest.

Exhibitors, many of whom are physically disabled as well as mentally retarded, represent a wide range in age, and their works include a variety of media ranging from simple crayon and finger paint sketches to complicated ink and watercolor drawings.

Best of the Show Award in the 1975 contest was won by Cleance Lewis, a 17-year-old mentally retarded girl from Woods School, a private facility in Bucks County.

The creativity and talent demonstrated by all of the entries, some despite severe physical handicaps, serves as an outstanding example of the contribution that can be made by mentally retarded citizens.