

Recovery Supporting Values

- Build on a person's strengths.
- Reject the use of traumatizing procedures.
- Include family, friends and peer support.
- Encourage personal growth, choice and control: empowerment.
- Transcends all areas of the agency.
- Promotes hope.
- Linked to community-based services.
- Focus on skills necessary for successful community integration.
- Encourage holistic approaches including mind, body, spirit and community.
- Include work whenever possible.
- Involve a positive approach to addressing challenging behaviors.
- Enhance a person's insight, self-awareness and self-esteem.
- Are future focused.
- Maximize independence.
- Overcome stigma and discrimination.
- Put "people-first."
- Foster respect and understanding.
- Shift control from the agency to the consumer.
- Promote personal responsibility and accountability.
- Celebrate success each step of the way.

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& Substance Abuse Services
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For more information on
Pennsylvania's Recovery Approach to
Inpatient Care and Services
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The Pennsylvania State Hospital System Recovery Approach to Inpatient Care & Services



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Pennsylvania's Vision Statement

Every individual served by the
Mental Health and Substance
Abuse Service system will have the
opportunity for growth, recovery
and inclusion in their community,
have access to culturally competent
services and supports of their
choice, and enjoy a quality of life
that includes family and friends.

Who we are. . .

The Pennsylvania State Hospital System is the largest provider of inpatient psychiatric treatment in the Commonwealth. Our system is comprised of six publicly owned and operated hospitals located across the state and one restoration center, a licensed nursing facility, serving individuals in need to physical restorative and rehabilitation services. Additionally, the system operates two Regional Forensic Psychiatric Units on the grounds of Norristown and Torrance State Hospitals. The system is fully accredited by the Joint Commission through 2011.

On July 1, 2010, the system had a total inpatient census of 1,672 with a total staff of 3,800. The system's budget for the current fiscal year is over 87 million dollars.

Pennsylvania's core philosophy is to treat people in the least restrictive setting. Using a Treatment Team model of care, treatment and discharge plans are developed using recovery-supporting principles. Minimally, a four-hour-a-day program is designed around each person's specific needs utilizing rehabilitative and restorative support services. Each hospital also provides services to people with co-occurring conditions of mental illness and substance abuse.

The Pennsylvania Mental Health Act of 1966 and the Mental Health Procedures Act of 1976, which established admission criteria, provide regulatory standards for the Pennsylvania State Hospital System.

Where we've been. . .

Prior to the 1990's the state hospital system took a controlled approach to the treatment of people served in its system of care. Mechanical restraint, seclusion and PRN medications were the most common methods used to manage a person in crisis. As new psychoactive medications became available the use of these restrictive measures started to decline. Even so, during calendar year 1993 the system used over 140,000 hours of mechanical restraint and over 69,000 hours of seclusion to manage and control individuals who displayed assaultive behaviors. This amounted to 72 hours of mechanical restraint and 36 hours of seclusion per 1000 days of care during this one-year period. More needed to be done to reduce hospital dependence on these traumatizing procedures.

Where we are. . .

For the fiscal year 2009/2010, seclusion was used only **11** times in the hospital system. Five hospitals have totally eliminated its use. During August 2010, mechanical restraint was used only **2** times. As of this date, three of the State Hospitals have gone a year or more without using either of these restrictive measures. On March 1, 2005, the hospital system discontinued the use of PRN order for psychiatric indications. As of September 2010, more than 60% of the people served by the hospital system have completed their unique Community Support Plan.

The Pennsylvania Model

"The more you do with patients, the less you have to do to them."

Values: Part of our success in reducing the use of these restrictive procedures can be attributed to a basic and profound respect for every patient and caregiver. We believe that expression of anger does not require the use of a restrictive measure and that restraint use is nothing less than a treatment failure. We believe that treatment works and that people can and do recover. Finally, we believe active patient involvement is the key to a successful treatment program.

Active Leadership is expected at every level by setting a standard for positive interactions. Leadership also sets measurable standards providing a system for monitoring outcomes and offering regular feedback to staff and patients.

Training staff to interact positively and effectively with individuals who are agitated or threatening is essential. Our success depends on increased sensitivity to patient's rights, improved verbal de-escalation skills and safe physical management techniques.

Treatment, which includes vocational, rehabilitative and restorative services, is an essential component of our efforts to reduce the use of seclusion and restraint. Each hospital has created a unique treatment program model to provide a person-centered yet structured, needs-based program for every patient at the hospital. Active participation in a purposeful program is a key component toward recovery.