



ISSUE DATE:

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**OMHSAS-19-01**

SUBJECT:

**Admissions, Discharges and Continuity of Care for  
State Mental Hospitals**

BY:

  
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### **SCOPE:**

This bulletin applies to:

- State Mental Hospital Chief Executive Officers (CEOs) and staff.
- County Mental Health/Intellectual Disability (MH/ID) Administrators.
- Base Service Unit Directors.
- Mental Health Case Management providers.
- Assertive Community Treatment (ACT) providers.
- Community Treatment Team (CTT) providers.
- Office of Mental Health and Substance Abuse Services Field Offices.

This bulletin does not apply to the Regional Forensic Psychiatric Centers (RFPCs). RFPCs should follow the Office of Mental Health and Substance Abuse Services (OMHSAS) bulletin OMHSAS-16-10, "Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers."

This bulletin does not apply to South Mountain Restoration Center (SMRC), which is a licensed nursing facility, not a State Mental Hospital.

### **PURPOSE:**

The purpose of this bulletin is to update the policy previously published in Mental Health Bulletin 99-84-24 entitled "Continuity of Care."

### **BACKGROUND:**

The Office of Mental Health and Substance Abuse Services (OMHSAS) continues to review and improve its practices to best meet the needs of individuals who require the services of State Mental Hospitals (SMHs). Updates to Continuity of Care practices are

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

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part of the effort to support recovery in the least restrictive setting necessary to provide adequate treatment for the individual being served. Continuity of care is addressed in Section 116 of the Mental Health Procedures Act (MHPA), 50 P.S. § 7116. Regulations regarding continuity of care are also codified at 55 Pa.Code § 5100.61.

## **DISCUSSION:**

The Mental Health/Intellectual Disability Act of 1966 (MH/ID Act) places the responsibility for community mental health services with the counties. According to Section 301(d)(6) of the MH/ID Act, 50 P.S. § 4301(d)(6), the local authorities are responsible to assure availability of several services, including aftercare services for persons released from state and county facilities. Appropriate continuity of care requires sound planning for the individual's needs, including evaluation and treatment in "the least restrictive setting available to provide adequate treatment." 55 Pa.Code § 5100.54, Article V, Right to Treatment. Effective planning requires cooperation and collaboration between the individual, and with the individual's consent, the individual's family and natural supports, formal and clinical supports, SMH staff, the County MH/ID Program and the individual's preferred community network providers. Aftercare treatment and supportive rehabilitation services must be planned and integrated as early as possible in order to assure an effective and appropriate discharge plan. Individual needs are best assessed and implemented through a Community Support Plan (CSP) that involves all members of the team including the individual and family members who work together to determine the individual's treatment needs and the most effective methods to address treatment needs, as well as to identify those responsible for the provision of aftercare services.

The CSP is used to assess the needs of the individual who is preparing to be discharged from the state hospital system. This planning process ensures the individual has a voice in the development of the plan, including choice in defining the services and supports needed and preferred to live in the least restrictive integrated setting. The services and supports an individual is offered upon discharge need to be both consistent with the CSP, and adequate to support recovery and reintegration into the community. To ensure continuity of care is provided, the processes outlined in Attachment 2 should be followed.

## **ATTACHMENTS:**

Attachment 1: County Service Area Designations.

Attachment 2: Continuity of Care Process.

## **RELATED BULLETINS:**

99-85-07	Admission and Discharge of Veterans to/from SMHs.
99-85-21	Readmission from Community Placement within 30 days of Discharge.
99-86-14	Involuntary Outpatient Commitment.
99-86-30	Discharge from Unauthorized Absence.
SMH-91-04	SMH Admission of Involuntarily Committed Individuals.
OMH-91-05	Medical Assistance Patients under Age 21 Certification of Necessity.
00-02-16	Coordination of Treatment and Support for People with a Diagnosis of Serious Mental Illness Who Also Have a Diagnosis of Mental Retardation.
4210-02-05	Clarifying Eligibility for Determining Intellectual Disability Services and Supports, dated 5/31/02.
SMH-05-04	Administrative Transfers between SMHs Civil Sections.
SMH-P-08-02	Therapeutic Leave Approval Process.
SMH-P-10-01	Referrals for Potential Civil Admission from Department of Corrections and County Jails.
SMH-P-10-03	State Hospital Referral to Potential Nursing Home Placement.
SMH-P-12-01	Unsupervised Leave of Patients Found Not Guilty by Reason of Insanity.
SMH-P-12-03	Proper Implementation of Discharge or Transfer Procedures for Certain Persons in the Category "Acquitted Because of Lack of Criminal Responsibility" (Not Guilty by Reason of Insanity).
OMHSAS-16-10	Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers.
SMH 06-03	Guidelines for Following Advanced Directives in State Mental Hospitals.
OMH-94-04	Serious Mental Illness: Adult Priority Group.

**RELATED BULLETINS continued**

OMHSAS-99-09 Emerich v. Philadelphia Center for Human Development, 720 A.2d 1032 (Pa.1998) Duty to Warn Third Parties – Tarasoff in Pennsylvania.

**OBSOLETE BULLETINS:**

This bulletin obsoletes the following OMHSAS bulletins:

99-84-24 Continuity of Care.

99-83-19 Continuity of Care (restated by 99-84-24).

SMH-91-04 SMH Admission of Involuntarily Committed Individual