

SECTION VII: FISCAL PLAN

The following table contains an estimate of the number of persons currently at HSH who meet the two year Length of Stay (LOS) criteria and would be expected to move into a community setting under SAP Goal 1. It also contains the estimated regional cost to provide the range of recovery-oriented services for each person is expected to need. The numbers in parentheses are the number of consumers from each county who are anticipated to need each listed service.

<i>HSH patients only</i>	<i>Outcome</i>	<i>Recovery Crosswalk by County</i>					
<i>Treatment</i>	<i>Symptom Relief</i>	<i>Cumb/Perry</i>	<i>Dauphin</i>	<i>Franklin/Fulton</i>	<i>York/Adams</i>	<i>HealthChoices</i>	<i>Cost estimate for region per year</i>
Outpatient		√ (15)	√ (22)	√ (2)		√ (40)	\$ 73,316
Community Treatment Team (CTT)		√ (6)	√ (2)			√ (20)	\$912,000
Acute Inpatient-up to 10 days		√ (4)	√ (40)	√		√ (15)	\$ 177,000
Extended Acute Inpatient-10 to 30 days		(4)	√ (20)				\$442,500
Short term inpatient 30 days to 24 months		√(2)	√ (5)	√		√	
Partial Hospitalization		√ (10)	√ (3)	√ (2)		√ (40)	\$ 140,525
Medication Management		√ (10)	√ (48)	√ (5)			\$ 250,000
<i>Crisis Intervention</i>	<i>Assure Safety</i>						
Telephone/Walk-in		√ (14)	√ (40)	√ (4)		√	\$ 30,000
Mobile-Individual		√ (14)	√ (40)	√		√	\$10,000
Medical Mobile							
Crisis Residential		5	√				\$547,500
Mobile Crisis Team		√ (13)		√ (3)			\$ 10,000
Mobile Crisis-In-Home support							
Hospital Emergency Room			(40)				

Emergency Service		√ (12)	√(40)	√	√		\$50,000
B105 Unlicensed Mobile-in-Home							
Inpatient Drug and Alcohol Detox		√ (4)	√ (4)	√	√	X	\$7,695
OP-D&A		√ (2)	√ (4)	√	√	X	\$30,000
Inpatient Drug and Alcohol Rehabilitation		√ (2)	√	√	√	X	\$5,000
Sexual Offenders Program ***		√ (2)				X	\$6,000
28 Day Rehab Program							\$6,000
Methadone OP-D&A						X	
Case management	Access Services						
Intensive case management		√ (23)	√ (31)	√ (5)	√ (50)	\$ 245,250	\$ 245,250
Resource Coordination		√	√ (17)	√	√(10)	\$ 67,500	\$ 67,500
Administrative case management		√	√	√	√		
Rehabilitation	Role Functioning						
State Hospital		√	√ (5)				
Site Based Psychiatric Rehabilitation		√ (10)	√	√ (5)	30	not presently	\$ 510,250
Mobile Psychiatric Rehabilitation		√ (4)					\$ 83,200
Adult Development Training		√		√			\$ 20,000
Community Employment		√	√ (3)		√ (15)		\$ 83,200
Facility-Based Rehabilitation			√ (6)		√		
Social Rehabilitation		√ (23)	√ (9)	√ (5)	√ (40)		\$ 423,500
Site Based Employment		√ (10)	√ (6)	√ (3)	√ (20)		\$196,000
Job Coaching		√ (4)	√ (3)	√ (1)	√ (5)		\$594,880
Transitional Employment		√ (3)	√ (3)	√	√		\$180,000
Enrichment	Equal Opportunity						
Community Service		√ (23)	√ (44)	√	√		\$33,500
Community Support Program (CSP)		√ (23)	√ (9)	√	√ (60)		\$ 250,000
Representative Payee		√ (15)	(44)	√ (5)	√		\$ 372,000
Peer Support Program		√ (15)		√ (5)	√		\$ 325,000

Rights Protection							
Community Advocacy ***							\$ 240,000
Basic Supports	Assure Survival						
State Psychiatric Hospital		√			√		
Access to medication		√ (23)	√ (48)		√ (60)		
Homeless Shelters					√		
Housing Financial Assistance							\$80,000
Housing Staff Support		√			√		\$ 57,200
Intensive Max CRR		√ (3)	√ (5)		√(20)		\$ 1,124,200
Maximum CRR		√	√	√	√ (20)		\$ 730,000
Moderate CRR			√		√		
Minimum CRR					√		
Long-Term Structured Residential ***		(2)	√ (10)	(1)	(5)		\$ 1,649,070
Residential-not classified		√	√ (4)				\$120,000
Supported Living		√			√ (2)		
Supportive Living		√	√ (1)	√			
Specialized Personal Care Boarding Homes ***		√ (18)	√ (17)	(4)	√ (5)		\$ 2,890,800
Family			√ (1)				
Family Support Services			√ (7)		(5)		\$25,000
Nursing Homes							
Transportation		√ (23) to non MA	√ (48)	√ (5)	√ (35)		\$811,200
Self Help	Empowerment						
Compeer Program					√ (15)		\$10,000
NAMI Peer to Peer		√	√		(30)		\$20,000
Support groups		√	√	√	√ (20)		\$5000
Consumer/Family Satisfaction Teams		√ (23)	√ (48)	√	√ (60)		\$125,000
Wellness/Prevention	Improve Health						
Medicare							

Medicaid fee-for-service							
Medicaid Managed Care							
Private Insurance							
Nutritional guidance							
Dental Care							
Vision Care							
Other	Recovery Support						
Recovery Training (Staff & Consumer groups) ***							\$100,000
Human Resource and Retention							
Cultural/Spiritual Support							\$50,000
Sign Language/interpreter services							\$20,000
Assistive Devices							\$15,000
Interpreter services							\$270,000
County Administrative Support							\$60,600
***Indicates programs that may be multi-county or regional in development	non consumer specific						
Total Estimated Cost per Year							\$14,576,666

The following grid gives conceptually increases to other service areas primarily to support community infrastructure needs:

Infrastructure Building	Outcome Symptom Relief	Recovery Crosswalk by County					
Treatment		Cumb/Perry	Dauphin	Franklin/Fulton	York/Adams	HealthChoices	Cost estimate for region
Outpatient		√	√	√	√	X	\$ 2,006,845
Community Treatment Team (CTT)			√		√		\$ 60,000
Acute Inpatient-up to 10 days		√				X	\$300,000
Extended Acute Inpatient-10 to 30 days							\$3,000,000
Short term inpatient 30 days to 24 months							
Partial Hospitalization		√	√	√	√	X	
Medication Management		√	√	√	√		\$,200,444
Crisis Intervention	Assure Safety						
Telephone/Walk-in		√	√	√	√		\$489,600
Mobile-Individual		√	√				\$ 240,000
Medical Mobile							
Crisis Residential							\$ 1,642,500
Mobile Crisis Team							
Mobile Crisis-In-Home support							
Hospital Emergency Room							
Community Psychiatric Inpatient						X	
Emergency Service							\$200,000
B105 Unlicensed Mobile-in-Home							
Inpatient Drug and Alcohol Detox						X	\$5,390
OP-D&A						X	
Inpatient Drug and Alcohol Rehabilitation						X	\$765,000
28 Day Rehab Program						X	\$55,000
Sexual Offenders Program ***						X	\$20,000
Methadone OP-D&A						X	
Case management	Access Services						
Intensive Casemanagment		√	√	√	√	X	\$112,160
Resource Coordination		√	√	√	√	X	\$112,160

Administrative case management		√	√	√	√		\$347,680
Rehabilitation	Role Functioning						
State Hospital		√	√	√	√		
Site Based Psychiatric Rehabilitation			√			<i>not presently</i>	\$1,600,000
Mobile Psychiatric Rehabilitation		√					\$416,000
Adult Development Training							
Community Employment		√	√	√	√		\$568,800
Facility-Based Rehabilitation							
Social Rehabilitation		√	√	√	√		\$800,000
Site Based Employment		√	√	√	√		\$510,496
Job Coaching		√	√	√	√		\$202,296
Transitional Employment		√	√	√	√		
Enrichment	Equal Opportunity						
Community Service		√	√	√	√		\$40,000
Community Support Program (CSP)		√	√	√	√		\$60,000
Representative Payee				√	√		\$64,960
Compeer Program							\$60,000
Rights Protection							
Community Advocacy ***							\$96,800
Basic Supports	Assure Survival						
State Psychiatric Hospital							
Access to medication		√	√	√	√		
Homeless Shelters							
Housing Financial Assistance							\$16,000
Housing Staff Support							\$131,200
Intensive Max CRR		√	√	√	√		
Maximum CRR		√	√	√	√		\$13,185,918
Moderate CRR							
Minimum CRR							
Long-Term Structured Residential ***			√				\$1,374,225
Residential-not classified							\$1,095,000

Supported Living		√	√	√	√		
Supportive Living		√	√	√	√		\$777,600
Specialized Personal Care Boarding Homes ***		√	√				\$1,314,000
Family							
Family Support Services							\$40,000
Nursing Homes							
Transportation		√	√	√	√		\$1,500,000
Self Help	Empowerment						
Compeer Program							\$60,000
NAMI Peer to Peer							\$15,000
Support groups							\$10,000
Consumer/Family Satisfaction Teams		√	√	√	√		\$300,300
Wellness/Prevention	Improve Health						
Medicare							
Medicaid fee-for-service							
Medicaid Managed Care							
Private Insurance							
Nutritional guidance							
Dental Care							
Vision Care							
Other	Recovery Support						
Recovery Training (Staff & Consumer groups) ***							\$40,000
Human Resource and Retention							\$800,000
Cultural/Spiritual Support							\$80,000
Sign Language/interpreter services							
Assistive Devices							\$1,080,000
Interpreter services							\$1,080,000
County Administrative Support							\$250,400
***Indicates programs that may be multi-county or regional in development	non consumer specific						
Proposal Total							\$38,835,774

HSH Funds Available for Reallocation:

In order to help fund the additional resources that will be needed in the seven-county area served by Harrisburg State Hospital, it is obvious that some of the funding used to operate the hospital must be converted to fund residential and treatment options in community settings.

For each 30 beds (1 living area) closed at Harrisburg State Hospital, funding as described below could be converted to community services after the persons occupying the beds move into non-hospital settings. This funding estimate is based upon the average staffing pattern assigned to HSH's seven (7) living areas that are not currently serving as Admissions units. The estimate is also based on the average costs per position for each classification, multiplied by the number of positions in that classification that would be eliminated. Closure of a living area is thus projected to allow the elimination of 35.5 positions (17 Psychiatric Aides, 8 Registered Nurses, 3 Licensed Practical Nurses, 1 each Therapeutic Recreation Worker, Occupational Therapist, Social Worker, Psychologist, Psychiatrist, Custodial Worker, Food Service Worker and 50% of a Staff Physician position) at a salary savings of \$ 1,444,015, using 2003-04 salary levels. Additionally, with benefits estimated at 30%, that figure would be supplemented by \$ 433,205, for a total savings in Personnel-related costs estimated to be \$ 1,877,220. The base figure for salaries should increase each fiscal year as contractually guaranteed pay raises take effect.

It is further estimated that significant savings could be realized in several areas of operating costs. Savings of \$400,000 should be realized for each living unit closed from the combination of Pharmaceuticals, Food, Contracted Clinical Services, Housekeeping Supplies, Medical Supplies, Wearing Apparel, Recreational Supplies, Educational Supplies and Other Operational Expenses.

These figures yield an estimated total of \$ 2,277,220 that would be available to transfer to the county allocation to support the move of 30 persons to alternative community settings, about \$ 75,907 per year each. These figures are all based on Fiscal year (FY) 2003-04 salaries, benefits and operational costs and should be adjusted for inflation and subsequent staffing level changes that might occur.

The closure of two living units of thirty beds, either in the same year or in successive years, should yield somewhat higher savings than closing only one living area, as several additional programs, support and/or supervisory positions could be eliminated.

As discussed by the group, the planning and implementation processes required to develop additional supports and resources for the persons who would be leaving Harrisburg State Hospital can be more easily accomplished if spread over a year rather than the six month period most often provided. Additionally, we anticipate the expansion of cross-county programs and working out the legal complexities of several counties having citizens served in a single program will consume more than the average amount of time required to get a program up and running. Therefore, it is our recommendation that the first year of the five year planning period (2005-06) would not

see the closure of a living area at HSH, but would contain the funding that would allow the counties to begin the development process. Movement into the community programs would begin late in FY 2005-06, would be completed very early in FY 2006-07 and the funding to support this shift of people from the hospital to the community would be moved from Harrisburg State Hospital's budget to the community budget appropriation beginning in July, 2006.

The first closure of a living area at HSH would occur early in FY 2006-07, a second in FY 2007-08, a third in FY 2008-09 and a fourth in FY 2009-10. The funding to support persons moving into the community would go to the community as the living areas are closed. At the end of this time frame, Harrisburg State Hospital would have approximately 150 – 155 inpatient psychiatric hospital beds for use by the seven county service area.