

STATEMENTS OF POLICY

Title 4—ADMINISTRATION

PART II. EXECUTIVE BOARD

[4 PA. CODE CH. 9]

Reorganization of the Department of Transportation

The Executive Board approved a reorganization of the Department of Transportation effective February 20, 1996.

The organization chart at 26 Pa.B. 914 (March 2, 1996) is published at the request of the Joint Committee on Documents under 1 Pa. Code § 3.1(a)(9) (relating to contents of *Code*).

(Editor's Note: The Joint Committee on Documents has found organization charts to be general and permanent in nature. This document meets the criteria of 45 Pa.C.S. § 702(7) as a document general and permanent in nature which shall be codified in the Pennsylvania Code.)

[Pa.B. Doc. No. 96-293. Filed for public inspection March 1, 1996, 9:00 a.m.]

Title 55—PUBLIC WELFARE

DEPARTMENT OF PUBLIC WELFARE

[55 PA. CODE CH. 5320]

Community Support Program (CSP) Principles— Statement of Policy

For a rulemaking relating to this statement of policy see 26 Pa.B. 867 (March 2, 1996).

(Editor's Note: The regulations of the Department of Public Welfare, 55 Pa. Code, are amended by adopting a statement of policy at § 5320.111.)

FEATHER O. HOUSTOUN,
Secretary

Fiscal Note: See Fiscal Note 14-412 at 26 Pa.B. 867, 874 (March 2, 1996).

Annex A

TITLE 55. PUBLIC WELFARE

PART VII. MENTAL HEALTH MANUAL

CHAPTER 5320. REQUIREMENTS FOR LONG-TERM STRUCTURED RESIDENCE LICENSURE

Subchapter L. STATEMENT OF POLICY

Sec.
5320.111. Community support program (CSP) principles—statement of policy.

§ 5320.111. Community support program (CSP) principles—statement of policy.

(a) An LTSR shall provide a 24-hour therapeutic environment which employs active psychiatric treatment, and psychosocial rehabilitation skills training in a structured residential milieu.

(b) LTSR operational policies and procedures should empower residents to taken an active role in their treatment and other decisions which affect their lives, including:

(1) Creating an environment which reduces stigma, promotes independence and fosters self-esteem.

(2) Policies and procedures that are flexible enough to accommodate cultural diversity among the residents and their individual and changing needs.

(c) The LTSR program philosophy should be guided by the CSP principles.

(d) The CSP philosophy is embodied in a set of guiding principles, emphasizing resident self-determination, individualized and flexible services, normalized services and service settings and service coordination:

(1) Services should be resident-centered. Services should be based on and responsive to the needs of the residents rather than the needs of the system or the needs of providers.

(2) Services should empower residents. Services should incorporate residents self-help approaches and should be provided in a manner that allows residents to retain the greatest possible control. As much as possible, residents should set goals for themselves. Residents should also be actively involved in all aspects of planning and delivering services.

(3) Services should be racially and culturally appropriate. Services should be available, accessible and acceptable to members of racial and ethnic minority groups.

(4) Services should be flexible. Services should be available whenever they are needed and for as long as they are needed. They should be provided in a variety of ways, with individuals able to move in and out of the system as their needs change.

(5) Services should focus on strengths. Services should be built upon the assets and strengths of residents in order to help them maintain a sense of identity, dignity and self-esteem.

(6) Services should be offered in the least restrictive, most natural setting possible. Residents should be encouraged to use the natural supports in the community and should be integrated into the normal living, working, learning and leisure time activities of the community.

(7) Services should meet special needs. Services should be adapted to meet the needs of subgroups of persons who are mentally ill such as elderly individuals, young adults and youth in transition to adulthood; individuals who are mentally ill and have substance abuse problems, mental retardation or hearing impairments; persons who are mentally ill and are homeless; and persons who are mentally ill and who are inappropriately placed within the correctional system.

(8) Service systems should be accountable. Service providers should be accountable to the users of the services and monitored by the State to assure quality of care and continued relevance to resident needs. Residents and families should be involved in planning, implementing, monitoring and evaluating services.

(9) To develop community support services, services should be coordinated by the appropriate officials through mandates or written agreements that require ongoing communication and linkages between participating agencies and between the various levels of government.

(10) To be effective, coordination should occur at the resident, community and State levels. In addition, mechanisms should be in place to ensure continuity of care and coordination between and among hospital and other community service providers.

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