Mayview Regional Service Area Plan

Providers' Meetings

April 3, 5 and 6, 2006

Goal of the Mayview Regional Service Area Planning Process (MRSAP)

- Five counties working together to build stronger community systems to help individuals return home from state hospital, avoid having to go to the state hospital, or – if they do go to the state hospital -- to make that stay as short as possible
- Accomplish all the above with a recovery focus

Recovery Focus

- Services and Supports
  - Based on needs and strengths
  - Not program focused
  - Think outside the box
- Financial Models
  - Pay for this year and next five or ten years
  - Funding shouldn’t drive the services, we need to find ways to pay for what people need

MRSAP

- Component of each county's annual mental health plan
- The Mayview component will be common across the five counties
- Opportunity to comment at each county's public hearing
- Will address goals for two years
- Wave 1 completion date June 30

MRSAP Steering Committee

- Steering Committee made up of:
- Administrators from 5 counties
- Consumers
- AHCI representatives
- Many MH service agency representatives
- State representatives
- Mayview Hospital administrator

This year….by June 30, 2006

- Have in place the processes that will help all of us to plan for recovery based community services based on the individual wants and needs of clients
- Identify what services and supports are necessary to help avoid the unnecessary use of Mayview
- As a result, to close 30 beds

Next year…..by June 30, 2007

- Close an additional 90 beds
- Reduce admissions by ½
- Eliminate the Waiting List

Dependent of finances working out!!!!

Next Goal…..

- Close Admissions….first suburban counties, then Allegheny County
- Continue closing an average of 10 beds per month
- By June 30, 2008 – counties would not be utilizing Mayview for long-term care

Two Subcommittees

- Finance
- Assessment and Discharge

Assessment & Discharge Sub-Committee's Goals

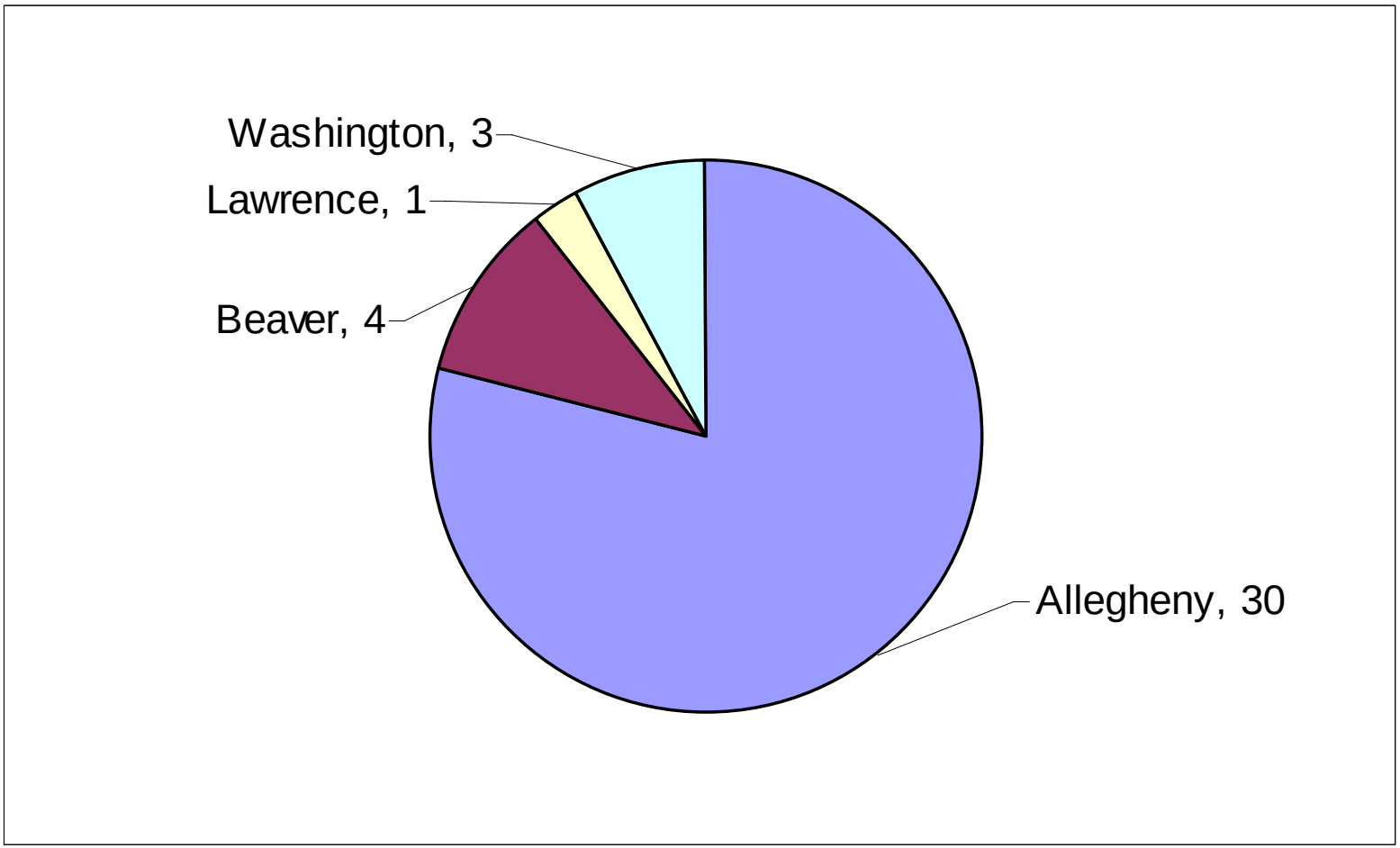
- Develop the assessment tools and design the assessment process
- Coordinate, oversee, and facilitate the assessment process
- Develop and monitor the community support planning (formerly known as discharge planning) process

Assessment Process

Three assessment tools were developed (consumer, family, and clinical assessments)

- Questions focus on consumer preferences and supports needed (NOT on fitting consumers into existing programs)

Number of Consumers for Wave 1 Assessments, by County



Assessments: Housing Preferences

How much do you want/recommend each of the following:

Percent who answered "very much"	Consumer	Clinical	Family
Independent setting by self	40%	5%	11%
Independent setting with family	49%	8%	6%
Independent setting with roommate	23%	8%	22%
Transitional group setting	26%	34%	39%
Permanent group setting	17%	71%	44%
Nursing home	6%	5%	6%

Assessments: Preferences and Recommendations on Working

- 54% of consumers would like to have a paying job
- 33% of family members recommended a paying job
- 21% of clinical teams recommended a paying job

Assessments: Preferences and Recommendations on Volunteering

- 23% of consumers would like to have volunteer work
- 44% of family members recommended volunteer work
- 21% of clinical teams recommended volunteer work

Assessments: Relationships with Family and Friends

- 63% of consumers said they had family members they wanted contact with
- A small % of individuals have relationships with friends they want to maintain

Assessments: Supports

- Each assessment included a long list of areas consumers might need help with.
- For each area, consumers state if they want daily, weekly or no help. Family members and clinical teams recommend daily, weekly, or no help.
- For each area, respondents can also check if help is needed before and/or after discharge.

Assessments: Support Areas

- Cooking, cleaning, shopping, personal hygiene
- Personal safety, learning the neighborhood, taking bus
- Getting a job, going back to school, finding things to do
- Making friends, meeting family, connecting with religious center, self-help groups
- Following a schedule, keeping appointments, getting medical care
- Getting mental health, drug and alcohol treatment
- Getting benefits, paying bills, payee services

Assessments: “Profiles” Based on Supports Needed

1. Consumers who **want frequent help** in many or most areas. Clinical teams (and family members) also recommend frequent help in most areas.
2. Consumers who **don’t want help** in most areas, while clinical teams (and family members) recommend frequent help.
3. Consumers who **want help in specific areas**. Clinical teams (and family members) recommend help in specific areas.

Assessments: Supports for Families

- When family members were asked about specific supports they needed, the most common response was “I don’t need help.”
- Some were interested in linking with other families, learning about hotlines, family psycho-education, and understanding benefits like SSI.
- Over 50% wanted to learn more about dosage, side effects, and purposes of medications.

Developing the Community Support Plans (CSPs)

- Assessments are the basis of the CSP
- CSP Meetings are held
- Consumers invite whomever they want
- A **Facilitator** (independent) leads meetings
- A **Recorder** (indep.) documents each meeting
- The CSP document contains a summary of the meeting and what needs to happen before the next meeting/before discharge
- The discharge won't occur until community services and supports are in place

CSP Timeline

- All consumers with assessments will have their first CSP meeting completed by mid-April 2006
- CSPs are very individualized
- Many CSPs include gradual transition plans
- CSP meetings have resolved most differences among family, clinical and consumer assessments

Individual County Impacts

- Allegheny: 25 consumers have had initial CSP meeting, 12 need follow-up meetings
- Beaver: 3 of 4 consumers have had initial CSP meeting, 2 require a follow-up meeting and 1 will move to Allegheny County
- Lawrence: 1 consumer has had CSP meeting
- Washington: 3 consumers have had initial CSP meeting, 1 requires a follow-up meeting

CSP and Post-CSP Processes

- If conflict arises during a CSP meeting, an arbitration panel will resolve the matter: panel involves consumer advocates, clinical, county, and independent personnel
- Each county will have a method by which they will track the consumers leaving Mayview to ensure the consumer receives the required resources set forth in the CSP

Resources Identified in CSPs

- Small settings
  - Clustered individual apartments with staff that come to the consumer (clinical and supportive housing staff)
  - Clustered rooms that include bathroom
  - Small group settings with maximum 4-6 residents
  - More rural settings

Resources Identified in CSPs

- Community Treatment Teams
  - Daily medication drops and monitoring
  - Basic physical health checks, daily
  - Close psychiatric care, weekly
  - Complicated benefits coordination
- Intensive and frequent Case Management (1-2 times per week rapidly titrating up during critical treatment junctures)

Resources Identified in CSPs

- Transportation other than public transport
- Therapeutic services (trauma, CBT, DBT)
- Mobile psychiatric rehabilitation (ADL training)
- Nursing care with on-going community mental health supports

Resources Identified in CSPs

- Peer drop-ins
- Formalized Peer-to-Peer mentoring
- Meal preparation up to 3 times/day
- Variety of community-based supported employment (individual jobs, small supervised crews in competitive settings, multiple shifts supported)

Website!

- **www.mayview-sap.org**
- Up-to-date information on Mayview
- Public bulletin board
- Helpful links to other sites related to Mayview
- Private email address