

**Mayview Steering Committee
Meeting Summary
July 18, 2008**

Members Present: Kelly Burda, Tim Casey, Stephen Christian-Michaels, Mary Jo Dickson, Carol Horowitz, David Jones, Matt Koren, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Chris Michaels, David Miele, Gerard Mike, Nora Novitsky, Mary Jo Patrick-Hatfield, Mary Jeanne Serafin, Janice Taper, Patricia Valentine, Valerie Vicari, Kim Welsh, Linda Zelch, Rick Rach, Laverne Cichon, Carol Rico, Laura Steiner, John Klenotic, Dave McAdoo, Sue Carney, Dean Virgili, Wes Sowers, Katie Greeno, Darryl Holts

Members Absent: Karen Bennett, Melissa Feragotti, Rohan Ganguli, Roger Haskett, Nancy Jaquette, Ken Thompson, Rick Tully, , Mary Fleming, Shirlee Hopper Scherch, Deb Wasilchak

Others Present: Aidan Altenor - OMHSAS, Director, Bureau of Community and Hospital Operations; Pat Tickle - Torrance State Hospital

1. Review of Minutes from June Meeting

The minutes from the June 20, 2008 Steering Committee meeting were reviewed and accepted without revision. They will be posted to the Mayview website.

2. Report from Mayview State Hospital

Kelly Burda reported on the census at Mayview (123):

- Allegheny – 109
- Beaver – 5
- Greene – 0
- Lawrence – 3
- Washington – 5
- Westmoreland – 1 (planned to be discharged back to Westmoreland County)

An additional six discharges are expected by the end of July.

- Mary Jeanne Serafin reported that the contractual placement process is presenting to be a challenge as some staff are leaving faster than expected. This is especially an issue given the lead time required for training requirements of new positions, which can take up to six months for forensic staff. Overtime is increasing and over 100 staff has been placed.
- The greenhouse at Mayview was closed on June 30, 2008. All patients were reassigned to other workshops of their choosing. The greenhouse was selected to be closed due to ordering considerations for the various flowers and plants given the hospital will be closing in December.

- Marcy Hepner was announced as the new Forensic Director at Mayview and they are currently interviewing for a Forensic Assistant Director. The goal is to have leadership staff in place prior to the move of the Forensic Unit to Torrance State Hospital.
- Physical Health / Behavioral Health Coordination: A conference call was conducted with the Special Needs Units in Harrisburg. State Hospital and County staff received guidance regarding coordination. The state expressed that they will assist in expediting MA eligibility for individuals.
- Dave Jones reported that the Mayview Family Meeting occurred on July 17, 2008. There was no August meeting, the next one will take place in September.
 - Mercy Behavioral Health and NHS Human Services presented information on their new LTSR programs, and Peer Support Advocacy Network (PSAN) presented on their peer support program assisting with the CSP discharge process.
 - Given the number of discharges and reduced attendance at these meetings, Dave will follow-up with families to see if we need to continue having the family meetings.
- Mary Jeanne Serafin reported on the Mayview Community Assessment Team (CAT).
 - Consumers in Allegheny and Beaver counties have already been visited and assessed.
 - Findings indicate that CSPs are being utilized, medical needs are being addressed, counties are quick to follow-up on issues, and they have been pleased with the collaborative efforts and outcomes.
 - Pam Loaskie from Beaver County commented that the Community Assessment Team has been helpful in working with consumer issues.
 - It was discussed that the CAT is an example of what the State Operated Services can do.
 - The team will next visit discharged individuals from Washington County.

3. State Operated Services (SOS)

- Mary Jeanne Serafin provided an update on the SOS.
 - The decision was made to not include a Community Treatment Team (CTT) in the SOS. The CTT will be replaced with the Community Support Team (CST), which will be a direct care / hands-on service and support for the counties and providers.
 - Details are being worked out for the new CST, including the menu of service offerings, referral procedures, etc.
 - The CST SOS positions will not need to be re-posted given the qualifications and positions are similar to the previous CTT postings.

- Mary Jeanne reported that she is also finalizing the Quality Management and Clinical Consultation (QMCC) protocols and procedures.
- The Steering Committee discussed the need to have educational presentations at County provider meetings to discuss the SOS once all of the details are finalized.

4. Root Cause Analysis (RCA) Update

- Dave Jones provided a summary of the root cause analysis that have occurred in response to various Sentinel Events.
 - There have been a total of 13 RCAs conducted.
 - One of the 13 was for an individual discharged from Mayview State Hospital under the current community support plan (CSP) initiative.
 - Three were for individuals who resided at Mayview at the time of the incident.
 - 12 of the 13 were for individuals from Allegheny County, one of the 13 was from Washington County.
 - Five of the 13 RCAs have been completed with recommendations implemented; four have been completed with the recommendations accepted, but not yet implemented; and four have not yet completed.
 - The issues identified in these RCAs are consistent with national trends, which include the need for additional training and enhanced communication. The following is a summary of some of the recommendations resulting from the RCAs:
 - Additional training on motivational interviewing (Dr. Wes Sowers provided a definition for the committee).
 - A review of outpatient commitments, including how to track long-term users in an electronic format and how to make outpatient commitments more recovery oriented. Steering Committee discussed their experiences with outpatient commitments. Carol Horowitz commented that there's a risk of abuse through long term outpatient commitments. The committee further discussed the need to change the mindset of the provider community to not simply discharge an individual or admit a person to a state hospital, but rather to use community resources to engage individuals. It was recommended that the review of outpatient commitments could perhaps involve the OMHSAS advisory committee.
 - Explore enhanced opportunities for advanced directives.
 - Formalize communication when transferring from one case management unit to another.

- Increase utilization of assertive outreach plans, including additional training for all case management staff in assertive community outreach.
- Implement strategies to offer medication to individuals with insurance lapses.

Dave Jones commented that the counties and providers have been very cooperative and open in their participation in the RCA process. This is a critical and invaluable component to success of this process.

When asked how long this process of reviewing sentinel events will continue, OMHSAS responded that the intent is to make it an ongoing community standard as a component of continuous quality improvement. To this end, OMHSAS has already distributed a summary document state-wide outlining the process and expectation, which it modified from an Allegheny County memo regarding RCAs. The committee discussed the following considerations regarding the state-wide implementation of the RCA process:

- Who will determine if an event is a sentinel event? There are predefined categories of events similar to the Mayview RCA process. OMHSAS and counties will be involved in making decisions when it is not clear whether a particular event warrants a RCA.
- How will this be applied state-wide? This will be a gradual process and initially be implemented along with the CHIPP initiatives in Warren and Torrance State Hospitals.

AHCI will re-distribute Allegheny County's memo regarding their RCA process to the Steering Committee.

Allegheny County has already set the expectation with its providers that RCAs are to be conducted on an on-going basis. Joint Commission accredited providers are already expected to conduct RCAs, and the county has recently contracted with Community Care Behavioral Health to coordinate RCAs for non-JCAHO providers for both HealthChoices and non-HealthChoices individuals. AHCI will discuss a similar RCA process with the suburban counties.

5. Single Point of Accountability Initiative in Allegheny County

- Stephen Christian-Michaels presented Allegheny County's Single Point of Accountability initiative that targets transforming case management services within the County.
- Other counties can contact Stephen if they are interested in how these findings may be applied to their case management programs.

6. Land Reuse Committee

- Dave Jones reported on the Land Reuse Task Force meeting that occurred on Wednesday, July 16, 2008.

- There was good participation from the mental health community, including advocates, consumers, and providers who expressed their opinions on the need to sell the property at a fair market value.
- Senator Pippy was receptive and very respectful throughout the meeting.
- Dave Jones commented that this impressive showing of support is unique given his experience with state hospital closings in terms of both the turnout and impact on the Task Force members.
- The Steering Committee discussed the possibility of suggesting a change in location for the next land reuse task force meeting to offer more space and better accommodate stakeholders from the mental health community. Mary Fleming will follow-up with the Task Force.
- For the next meeting in September, the Committee discussed the importance of emphasizing the regional impact of the other suburban counties – not just Allegheny County.
- The Committee asked Carol Horowitz to provide a one-page summary of the land reuse issues so they can distribute to their various stakeholder groups.
- The Steering Committee discussed the financial considerations of the sale and the importance of having the proceeds channeled back into the mental health system – not as a replacement of current funding, but in addition to current funding.

7. Quality Improvement and Outcomes (QIO) Committee Responses

- AHCI reminded the Steering Committee of the two areas of follow-up from the QIO committee – employment initiatives and family satisfaction surveys.
- AHCI is currently conducting the six month consumer survey along with the CFSTs. Additional employment questions have been added to this survey. It is expected that the results will be gathered and analyzed by the September Steering committee meeting.
- Katie Greeno from the University of Pittsburgh offered her assistance in working with AHCI in helping to develop a set of questions for a family satisfaction survey along with plans for distribution. This would not be an extension of Pitt’s current evaluation study. Emily Heberlein from AHCI will follow-up with Katie.
- The Steering Committee will discuss again these issues next month and prepare a response for the next QIO meeting on August 26th.

8. Family Tip Sheet

- The finalized Family Tip Sheet was distributed to the Steering Committee. It was distributed to families and providers at the Mayview Family Meeting on July 16th. These booklets will also be distributed to individuals and families as part of the CSP discharge process.
- AHCI will post this resource to the MRSAP webpage where it can be downloaded.
- Committee members are to request additional copies from AHCI if they are interested in distributing it to their respective organizations.

9. Pitt Evaluation

- Katie Greeno provided an update on the Pitt Evaluation Study of the MRSAP discharge process.
- Katie also mentioned that the Pitt School of Social Work is working on a training curriculum of up to 100 hours of training for service coordination (Case Management).

10. RFP Updates

- Mary Jo Dickson provided an update on the Allegheny County initiatives.
- AHCI provided an update on the regional suburban county residential initiatives.
 - The Heritage Valley EAC is still in negotiations with the hospital, Value Behavioral Health - PA, and the counties. The counties are targeting early September for this to be operational, pending a final agreement. Seven beds are expected to be available within two weeks of the agreement.
 - Mercy Behavioral Health (MBH) is the recommended provider for the Regional RTFA. AHCI and the counties will be meeting with MBH to finalize budget and implementation details.
 - Two providers have been identified as finalists for the Regional Non Hospital EAC in Washington County. Follow-up questions have been distributed to the providers and a follow-up Evaluation Committee meeting is scheduled for July 31st.

11. New Business / Other Items

- Linda Zelch provided an update on the new tracking for Extended Acute Care (EAC) programs.
 - AHCI is in the process of developing a web-based tracking tool for EAC waiting lists and post-discharge activity. The objective is to develop one tool that can be used to view provider-specific information.

- Allegheny County, Community Care and WPIC are meeting to determine protocols and procedures for when an individual is discharged from and EAC unit. Items will include defining the roles of the MCOs' High Risk Care Managers, county, and EAC staff. This group will also review data collection needs. A draft is expected by the within the next few weeks.
- Acute Community Service Plan (ACSP) initiative.
 - Mary Jo Dickson from Allegheny County provided an update on the Allegheny County initiative. The pilot is currently in progress at WPIC. The process and tools have been developed by modifying the State Hospital CSP process.
 - Pam Loaskie reported that Beaver County's ACSP is progressing. They are starting the Family, Peer, and Clinical assessments in August for individuals in Long Term Structured Residences (LTSR).
 - Dean Virgili reported that Greene County has also used ACSP for one individual.
 - The Steering Committee requested regular updates on the ACSP process.

There being no further business, the meeting was adjourned. The next meeting is scheduled for Friday, August 15, 2008 at the **Airport Marriott**.