

**Mayview Steering Committee
Meeting Summary
August 15, 2008**

Members Present: Kelly Burda, Tim Casey, Stephen Christian-Michaels, Mary Jo Dickson, Mary Fleming, Carol Horowitz, Shirlee Hopper Scherch, David Jones, Matt Koren, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Gerard Mike, Nora Novitsky, , 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, Deb Wasilchak, Melissa Feragotti

Members Absent: Karen Bennett, Rohan Ganguli, Katie Greeno, Roger Haskett, Darryl Holts, Nancy Jaquette, David Miele, Ken Thompson, Mary Jo Patrick-Hatfield, Chris Michaels

Others Present: Joan Erney – Deputy Secretary, OMHSAS, Pat Tickle - Torrance State Hospital, Sharon Miller – NAMI SW PA

1. Review of Minutes from July Meeting

The minutes from the July 18, 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 (107):
 - Allegheny – 94
 - Beaver – 5
 - Greene – 0
 - Lawrence – 3
 - Washington – 4
 - Westmoreland – 1 (planned to be discharged back to Westmoreland County)
- Mary Jeanne Serafin reported that an additional six discharges are expected by the end of August to bring the census to 101. On August 6th the hospital closed an additional unit, leaving four units remaining. The census needs to be at 95 to close an additional unit, which is expected to occur by mid September. The hospital needs to be at three units to enable staff to start transitioning to State Operated Services (SOS), including training.
- Dietary Services have introduced the use of HRT – Heat Retention Trays to reduce the number of staff needed in the cafeteria. Regular meals are still available upon request.
- Other services, including Psychiatrists are sufficiently staffed at this time.

3. RCA/Sentinel Event/WPIC Update

- Deputy Secretary Joan Erney provided an update on the Department of Public Welfare's decision to temporarily suspend any new referrals for Intensive Case Management/ Resource Coordination or ICM/RC, Acute Case Management or CM, and Community Treatment Teams or CTT to Western Psychiatric Institute and Clinic, WPIC. This decision applies only to adults with serious and persistent mental illnesses whose services are publicly funded and was made to provide an opportunity to review the system of care in response to recent incidents that have occurred in the community.

The suspension does not impact:

- individuals currently receiving ICM/RC, Acute CM, and CTT services at WPIC;
- individuals with commercial or non-public sector funding;
- individuals under 18 years of age;
- individuals who do not have a serious and persistent mental illness; or
- individuals referred to any other service offered by WPIC.

No other services at WPIC are affected. Crisis, inpatient, extended acute, residential, partial hospitalization, intensive outpatient, outpatient therapy medication management, residential, rehabilitation and vocational and any other community or clinic based program or service continue to operate as usual.

After the review is completed, referrals to ICM/RC, Acute CM, and CTT will re-open. Until that time, a referral process has been established for any individuals referred or seeking ICM/RC, Acute CM or CTT services from WPIC.

- The review process is focusing on embedding the changes to quality oversight, and not just implementing temporary measures. It involves additional training and an opportunity to review and update case management policies and procedures, many of which are over 20 years old. Valerie Vacari is the OMHSAS point person at WPIC.
- Many of these issues are not unique to WPIC, but are likely systemic and impact providers state-wide; therefore, any lessons learned from the WPIC review will be applied to other providers state-wide where possible.
- The Steering Committee discussed how the payment policy for case managers is at times a disincentive for case managers to engage individuals who may not be making appointments. Consideration needs to be given to making outreach and other non-face to face activities billable, as well as using peers more to engage individuals and conduct outreach. The Committee was sensitive to the challenge of balancing an individual's right to choose engagement in services with the responsibility to the individual to maintain their safety as well as the safety of the community. The Committee was also sensitive to not suggest that peers would simply be used as "tools" of the staff, but rather key components in the system's ability to engage individuals and conduct outreach.

- OMHSAS continues to review if the Mayview closure is a contributing factor in the sentinel events that have occurred. There does not appear to be a connection, other than a possible general increase in pressure, but nothing specific.
- Providers have been asked to complete Root Cause Analyses (RCA) on incidents that occur within their organizations. OMHSAS is developing a new bulletin for incident reporting that will distinguish between a RCA as an internal quality improvement activity and the OMHSAS / County incident review process. This clarification will help address confidentiality and public disclosure issues while allowing providers to be open to conduct a thorough internal review. It was noted that this intense level of investigation via the RCA review process of sentinel events is new, not only in Pennsylvania, but in other states as well. It can be tremendously valuable.
- Dave Jones reported that there have been two sentinel event incidents since the last Steering Committee meeting.
- The Committee discussed recent town meetings and rumors where police have reported an increase in activity due to the Mayview closure. Exaggerations are appearing to be communicated and the Mayview closure may be getting incorrectly included. The Committee discussed the importance and obligation of establishing strong relationships with communities and police. Issues and misunderstanding are best addressed when the mental health community has good relationships in place with community emergency services. Suggestions were made to conduct outreach to communities regarding the Mayview closure. This outreach message tends to be better received when it is from someone from within a particular community.

4. State Operated Services

- The Request for Letters of Interest (RLOI) document to identify a provider for the transition and ongoing operation of the SOS residential programs is in development and expected to be released by the end of August. The plan is to identify a provider early in the process and embed them in the transition planning, leadership, and ongoing operation so as to provide a smooth transition for residents and services. A provider is expected to be identified by October/November.
- The search continues for the second Specialized Support Home.

5. Update on the Mayview CSP Process

- There is a need to have all CSPs finalized by end of September. For planning purposes it is important to know as early as possible where individuals will be living upon discharge. Many of the remaining CSPs are in the final stage waiting for resources to become available or have a few steps outstanding.
- Mary Fleming reported that the CSP process remains unchanged despite the recent departure of the lead facilitator, Martha Hodge. Staffing changes have been put into place and CSP meetings continue to go well.
- The Steering Committee discussed potential transfers to Torrance State Hospital. If an individual is to be transferred, it will occur within the CSP process. A CSP will be completed for the

individual and will go along with them to Torrance, where its recommendations for treatment and care will be followed.

- The Steering Committee discussed the procedure for when an individual transfers to Torrance. Once a person is identified through the CSP process as a candidate to be transferred, a joint team consisting of both Mayview and Torrance staff will work together with the individual to transition both the treatment plan and CSP activities. The CSP will remain an ongoing component of the individual's treatment planning. Individuals will also be able to have trial visits to Torrance to ease the transition and to facilitate a new connection with staff and peers.
- The committee clarified that the individuals being transferred to Torrance will fall into one of the two following groups:
 - Needed community services are not developed, or are in development and will not be ready by the Mayview closure date. These individuals will be discharged from Torrance once the needed community resources are available.
 - The person may not be clinically ready for discharge when Mayview closes, including individuals currently receiving 1:1 or 2:1 levels of care that may need to have that intensive level of care continue. These individuals will continue to be reviewed every 28 days while at Torrance as part of the normal treatment plan review process. Discharge into the community will continue to be a goal for these individuals.
- The impact to families was discussed as a concern for individuals being transferred to Torrance given its location and lack of public transportation. The Counties agreed to address this on a situational basis. Stephen Christian-Michaels commented that his organization, Family Services of Western PA, uses a bus to transport families to prisons. If there's sufficient demand, there may be the option to use this bus as transportation for families to Torrance.

6. Update on Acute CSP Process

- Allegheny County and AHCI continue to work with WPIC to develop and implement a modified CSP process within the community inpatient system.
- The process began as a pilot effort with WPIC. The remaining two of the five individuals involved in the pilot are awaiting placement. Community resource issues are being addressed.
- Due to resource constraints, an effort was made to identify individuals who most need this intensive level of discharge and diversion planning. Criteria have been agreed upon and are currently being applied to the community inpatient population to identify a target group for the ongoing Acute CSP activity. The process is planned to more fully roll out in November.
- The Steering Committee requested that the Acute CSP process and materials be reviewed in more detail at the next Steering Committee meeting.

7. Land Use Committee

- **October 14** has been set for the next Land Use Task Force meeting.
- It is very important that stakeholders from all five counties participate to emphasize the regional impact of the closure. This will help to further reinforce the momentum gained from the impressive showing at the last task force meeting in July.

8. RFP Update

- The Administrators of the suburban counties are currently reviewing their projected demand for additional residential capacity. The capacity of the three proposed regional suburban residential programs may need to be adjusted given the results of this analysis.
- Rick Rach from Mercy Behavioral Health (representing the Pennsylvania Community Providers' Association) added that from the provider's perspective, delays in deciding the necessary levels of service development delay the overall implementation of these services, especially from a zoning and purchasing standpoint.
- Mary Jo Dickson provided an update on the new residential service development within Allegheny County.

9. Pitt Evaluation

- Representatives from Pitt were not in attendance, therefore the update on the Pitt evaluation study was postponed to the next Steering Committee meeting.
- The State requested a summary sheet of the study for use at their next legislative update. AHCI will contact Katie Greeno from Pitt and request this information.

10. September Stakeholders Meeting Agenda Items

- AHCI contacted advocates prior to the Steering Committee meeting to get feedback on potential agenda items for the September Stakeholder meeting
- The theme of the Stakeholder meeting is that the closure is real and it is here. The meeting will focus on supports and service development in place as the closure approaches. Discussion at the meeting will include a description of the services that have been put in place - focusing on community services that have been developed or are being developed to support individuals after their discharge.
- Proposed agenda items include the following:
 - A succinct update on the status of the project one year after the closure was announced.
 - Provide an update on community bed capacity and the rumored back-ups to the system – bed shortages taking the resources of non-Mayview individuals – addressing rumors. Reminding

stakeholders that community inpatient beds are available to the entire community, including individuals with private insurance.

- Update on crisis services in all five counties
 - The Steering Committee discussed the confusion of many individuals regarding the difference between the WPIC Re: solve crisis line and the PSAN Warmline. People should call the Warmline for peer support and the Re: solve line for crisis situations. Also, the Warmline does not operate 24 hours a day as the Re: solve Crisis line does. . When appropriate, each service can do a warm transfer to the other when needed/appropriate.
 - The State mentioned the Network of Care website that Philadelphia recently developed that includes resources and contact information to crisis services. The State mentioned that the suburban counties may want to consider a similar resource. AHCI will provide copies of the MRSAP Family Tip Sheet, which includes resources and crisis contact information for the MRSAP counties.
- A video presentation from consumers living in the community and/or family members.
- Update on service development and housing – including a handout
- The WPIC Transitional Recovery Unit (TRU) Extended Acute Care program
- Pitt to present an update on their CSP Evaluation Study
- An update on the Land Use Task Force
- It was suggested that there be limited resource fair that showcases many of the newly developed services and supports that are available in the community. The following areas were suggested to be included:
 - EAC providers
 - Crisis Services providers
 - Housing Supports
 - Peer Supports
 - CTTs
 - Drop-In Centers
 - Advocacy groups
 - Ombudsman services
 - It was also suggested that each county have a table to showcase their specific services.

There being no further business, the meeting was adjourned. The next meeting is scheduled for Friday, September 19, 2008 at the **Crowne Plaza (PLEASE NOTE LOCATION)**.