

**Mayview Steering Committee  
Meeting Summary  
September 19, 2008**

**Members Present:** Kelly Burda, Tim Casey, Stephen Christian-Michaels, Mary Jo Dickson, Mary Fleming, Carol Horowitz, David Jones, Matt Koren, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Pat Tickle, Nora Novitsky, Mary Jeanne Serafin, Patricia Valentine, Kim Welsh, Linda Zelch, Rick Rach, Carol Rico, John Klenotic, Dean Virgili, Wes Sowers, Deb Wasilchak, Melissa Feragotti, David Miele, Katie Greeno, Darryl Holts, Nancy Jaquette, Mary Jo Patrick-Hatfield, Chris Michaels

**Members Absent:** Karen Bennett, Rohan Ganguli, Roger Haskett, Ken Thompson, Shirlee Hopper Scherch, Gerard Mike, Janice Taper, Valerie Vicari, Laverne Cichon, Laura Steiner, Sue Carney, Dave McAdoo

**Others Present:** Aidan Altenor - OMHSAS, Director, Bureau of Community and Hospital Operations; Carol Merchant – VBH;

**1. Review of Minutes from August Meeting**

The minutes from the August 15, 2008 Steering Committee meeting were reviewed. The following corrections were identified by the Committee: Melissa Feragotti was present at the meeting; Mary Jo Patrick-Hatfield and Chris Michaels were absent from the meeting. The changes will be made and the minutes will be posted to the Mayview website.

**2. Report from Mayview State Hospital**

Kelly Burda reported on the census at Mayview (91):

- Allegheny – 81
- Beaver – 4
- Greene – 0
- Lawrence – 2
- Washington – 3
- Westmoreland – 1 (planned to be discharged back to Westmoreland County)
  
- Mary Jeanne Serafin reported that an additional nine discharges are expected by the end of September. On September 10<sup>th</sup> the hospital closed an additional unit, leaving three units remaining.
  
- The Forensic unit is expected to transfer to Torrance State Hospital in November before Thanksgiving.

- 18-20 individuals currently in Mayview State Hospital are expected to be transferred to Torrance State Hospital. Most will require long term care if their clinical conditions do not improve. CSPs will be completed for all individuals.
- Mary Jeanne Serafin provided an update on the Mayview Clinical Assessment Team (CAT). Twelve assessments were conducted in the last month. Findings continue to be consistent with the previous assessments. Individuals are doing well with no instances of medically fragile individuals not being cared for in the community.
- Dave Jones provided an update on the Mayview Family Meeting which was held on September 17<sup>th</sup>. Five families attended the meeting. It was announced that the formal monthly Family Meetings will end. Dave Jones will continue to work individually with families moving forward. A few families have family members who are being transferred to Torrance State Hospital. The State will work with these families to coordinate transportation and other issues as they arise.
- Dave Jones provided an update on the placement of Mayview staff. Of the original 600 Mayview employees, 105 still need to be placed. None of the remaining staff has expressed interest in transferring to Torrance State Hospital. This is unfortunate given that the current staff vacancies at Torrance are holding up the transfer of individuals from Mayview to Torrance. Dave Jones added that the Governor has announced a hiring freeze state-wide. The only exception to this freeze is Mayview State Hospital staff, which can be hired elsewhere in the State. Dave is seeking clarification on whether this freeze also applies to hiring staff at Torrance State Hospital, which could be an issue given the planned Mayview transfers.
- Dave Jones announced an upcoming forensic conference scheduled for the week of September 22<sup>nd</sup> at the Sheraton in Cranberry, PA.
- The State also has meetings scheduled with Westmoreland and York Counties to discuss the transfer of the forensic unit to Torrance State Hospital. Items to be discussed include logistics and the process for conducting commitment hearings. The state has already met with a number of other counties regarding this transfer. Mary Jo Dickson commented that Allegheny County has made arrangements to conduct their civil commitment hearings on-site at Torrance, and the forensic hearings will be conducted via teleconference.

### **3. RCA / Sentinel Event / WPIC Update**

- Dave Jones provided an update on RCA and Sentinel Event activity. There have been 17 total sentinel events since the closure announcement on August 15, 2007 with one occurring since the last month's Steering Committee meeting. The sentinel events break down as follows:
  - One occurred in Washington County
  - Four occurred in Mayview State Hospital
    - One Forensic
    - Three Civil
  - Twelve occurred in Allegheny County

- Of the thirteen that occurred in the community, only one individual was from the group of 225 CSP individuals who were in Mayview when the announcement was made.
- The Washington County RCA has been finalized and the identified action steps have been implemented. The action items identified in this RCA were more procedural and specific to the particular provider rather than systemic. One systemic action step dealt with re-emphasizing the procedures for proactively working with fire marshals in inspecting new facilities.

#### **4. State Operated Services (SOS) Update**

- Mary Jeanne Serafin reported that she is currently working on the service descriptions and protocols for the Community Support Team (CST) and Quality Management and Clinical Consultation (QMCC) SOS services. These should be ready for review by the next Steering Committee meeting.
- The CST will have a menu of services available. Mary Jeanne will use input from the provider community, Counties, and Steering Committee members in determining the services to include.
- Mary Fleming provided an update on recent activities regarding securing sites for the SOS.
  - The issue of who will hold the interim lease of the various SOS residential properties has been resolved. It is expected that a provider will be the holder of the leases once the programs become operational.
  - Renovations have begun in the SOS small home in Carnegie.
  - A bid was submitted for a potential second SOS small home to be located in Upper St. Clair; however, the bid was rejected. Speculation was that a clause in the RRI bid contract that requires RRI board approval of any purchase was thought to have possibly scared away the seller. Discussions are underway with RRI to streamline their board approval process to lessen the impact of this clause for the next house on which we place a bid.
  - Mercy Behavioral Health has a sales agreement in place to purchase a facility for the SOS LTSR (which will be co-located with their Community Extended Acute Care (EAC) program. A community meeting was held last night, September 18<sup>th</sup>, at which the community voiced opposition to the proposed programs. Rick Rach, CEO at Mercy Behavioral Health (MBH) (and Steering Committee member representing the PA Community Providers Association) reported that the community meeting is the start of a process with which they are familiar. His staff will be following up with specific residents regarding advocacy and education to the specifics of the program, along with tours of related facilities. The zoning process starts today for the property.
- Dave Jones provided some additional detail regarding the SOS LTSR facility under consideration. Rooms will be single-occupancy, each room has a private bathroom, and it will be co-located with MBH's community EAC program. Combined, this property will include 32 beds between two

programs. The SOS executive team will not be located at the LTSR, but rather be located with the SOS QMCC and CST staff.

- Dave Jones reported that in anticipation of the SOS LTSR facility not being ready by the Mayview closure date, a “Plan B” is being considered. This could involve the SOS LTSR being temporarily located at the Bengs Building at Mayview State Hospital. The hospital would close as scheduled and the facility would be licensed as a LTSR. The office space for the other SOS programs would also be located in the Bengs Building given that they were planned to also be co-located at the LTSR facility. In this scenario, when an alternate site is found, the SOS LTSR program would move out of the Bengs Building and the offices would likely move to a separate office space most likely located in southern Allegheny or Washington Counties.
- Carol Horowitz and Chris Michaels raised questions about the MBH property related to space, whether this site would be an ongoing location following the SOS duration, as well as staffing issues for state and community staff working side-by-side. The need for a memorandum of understanding between the two programs was also discussed. It was agreed that further discussion would occur at the next meeting.
- The Steering Committee discussed the SOS LTSR serving as a diversion option to Extended Acute Care. The LTSR will be a discharge and diversion option, along with other residential programs with a similar level of care, such as other LTSRs, EAC programs, and RTFAs.
- The Steering Committee discussed whether or not MBH has an unfair advantage in the SOS procurement effort related to the Request for Letters of Interest for the SOS residential programs. Mary Fleming clarified that MBH would be a building owner, just like any other building owner, and that the arrangement did not give them an advantage. Any selected provider will need to lease from the building owner – in this case, possibly MBH.
- Five providers have submitted letters of intent to respond to the SOS Request for Letters of Interest. The Steering Committee discussed the transition plan for having a community provider ultimately operate the SOS residential services, including the LTSR and two small homes. The plan is to select a provider prior to any SOS residential services being delivered. A provider is expected to be selected by the end of October / beginning of November, 2008. The provider will staff a Program Director at the LTSR who will supervise the program along with a State counterpart. The provider is also expected to assist with establishing the program requirements, policies, and procedures of the programs.

## **5. Quality Improvement and Outcomes Report**

Melissa Feragotti presented the report from the Quality Improvement and Outcomes (QIO) Committee. Overall the results from the C/FST surveys were positive, and the Committee requested the Steering Committee address the following three categories: Social/Family/Community Integration; Work and Education; and Physical Health Coordination. After some discussion, each county committed to bringing an Action Plan for presentation at the next Steering Committee. A request was made to review the interview process for people with cognitive disabilities to ensure consistency and accuracy.

## **6. Inpatient Reports**

Tim Casey presented the inpatient mental health utilization for adults within the five-county region. Average length of stay has remained flat over time, while admissions have declined. Over the last few months there have been concerns noted related to capacity within community inpatient units. In Allegheny County, Community Care has been tracking when beds were at capacity within the county. While from time to time, full capacity does occur, there does not appear to be a change in the frequency of these events in relation to the Mayview closure.

The group discussed the Extended Acute Unit (EAC) at Western Psychiatric. The wait list for admission includes approximately 25 consumers, which has remained steady over the last few months. This type of wait is not anticipated after Mayview is closed because the available placement options will increase: currently those being discharged from Mayview take priority for all residential beds. In addition, a community EAC is in development, adding 16 additional beds.

Wes Sowers mentioned that the Public Psychiatry Group was to meet the week of September 22<sup>nd</sup>, and issues related to the Mayview closure was on the agenda. He planned to take feedback from the Stakeholders meeting to that meeting and would report back at the next Steering Committee meeting.

The discussion related to scheduling another inpatient providers meeting was deferred to the next Steering Committee meeting.

## **7. Land Reuse Committee Update**

Given time limitations, no update was provided as Carol Horowitz was on the agenda for the Stakeholders meeting and would provide an update at that time.

## **8. Pitt Evaluation Update**

Katie Greeno distributed a summary of the research project including an overview, description of the tools being used, and a status report on the progress to date. Eleven of the twelve subjects that have been approached for recruitment have agreed to participate. There have been no safety issues to report, nor are there any changes to the process or timelines. As more information becomes available a more detailed update will be provided.

Katie also mentioned the case management training that is scheduled to begin in January.

## **9. New Business**

Prior to the meeting, Carol Horowitz sent a request for information on a number of questions related to the community mental health system and the impact of the closure. While a few of the questions related to inpatient utilization were answered through the course of the meeting, may require research and will be discussed at the next meeting.