

**Mayview Steering Committee
Meeting Summary
November 24, 2008**

Members Present: Aidan Altenor , Karen Bennett, Kelly Burda, Tim Casey, Mary Jo Dickson, Mary Fleming, Shirlee Hopper Scherch, Carol Horowitz, Nancy Jaquette, David Jones, John Klenotic, Matt Koren, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Karyl Merchant, Chris Michaels, Gerard Mike, Rick Rach, Carol Rico, Mary Jeanne Serafin, Wes Sowers, , Janice Taper, Pat Tickle, Patricia Valentine, Valerie Vacari , Kim Welsh, Linda Zelch

Members Absent: Stephen Christian-Michaels, Laverne Cichon, Melissa Feragotti, Roger Haskett, Darryl Holts, Pam Loaskie, Dave McAdoo, David Miele, Mary Jo Patrick-Hatfield, Laura Steiner, Ken Thompson, Dean Virgili, Deb Wasilchak

Others Present: Katie Greeno, Sue Estroff, Sue Carney

1. Review of Minutes from October Meeting

- The minutes from the October 17, 2008 Steering Committee meeting were reviewed. One correction was made prior to the meeting regarding a request from Roger Haskett for an updated account of the MRSAP bed capacity. There were no other changes. The minutes will be posted to the Mayview website.

2. Report from Mayview State Hospital

- Kelly Burda reported on the census at Mayview (44):
 - Allegheny – 39
 - Beaver – 3
 - Greene – 0
 - Lawrence – 0
 - Washington – 1
 - Westmoreland – 1 (planned to be discharged back to Westmoreland County)
- An additional four (4) discharges are expected by the end of this week (11/28/08), including one individual from Washington County and three from Allegheny County. On November 10th the hospital closed an additional unit, leaving two units.
- Nineteen individuals were transferred to Torrance State Hospital, with one additional person expected to transfer within the next week – bringing the total number of Torrance transfers to twenty.
- Dave Jones reported that the Forensic Unit successfully transferred to Torrance State Hospital without any incidents. Forty six individuals were transferred in this move. Officers with the Department of Corrections worked very well with the individuals being transferred and

understood their special needs. The capacity of the forensic unit at Torrance will be the same as it was at Mayview – 70 beds.

- Dave Jones reported that at this time 60 staff still need to be placed – half of whom want to work in Washington County. Continued training is being offered to support these staff, although Washington County opportunities may not fit with the skill sets of all these staff. At this time it is projected that 40 – 50 Mayview staff may not be placed by the time of the hospital closure. The State will absorb the costs associated with these extra staff staying behind at the closed hospital and the counties will not be impacted. So far, 595 staff have successfully been placed – exceeding the staff placements resulting from the closure of the Harrisburg State Hospital. The Governor’s commitment to place all staff will not change despite the Commonwealth’s economic condition.

3. RCA / Sentinel Event / WPIC Update

- Since the October Steering Committee meeting there have been eight sentinel events; one in Washington, one in Lawrence, one in Beaver, one in Greene, and four in Allegheny. None of these incidents involved CSP individuals, and only the Washington incident involved an individual who was discharged from Mayview during the closure timeframe (a non-CSP discharge). Overall, there have been 28 sentinel events. Carol Horowitz asked about trends and learning points resulting from the investigation of these incidents. Pat Valentine reported that in Allegheny County, where the majority of these incidents have occurred, system factors tend to be related to communication and availability to information – especially historical information across providers and levels of care. Also staff education around what’s allowed and prohibited with confidentiality is indicated. Drug and alcohol and past forensic involvement are also factors – both of which emphasize the importance for effective communication across systems and providers.

4. State Operated Services (SOS) Update

- Mary Jeanne Serafin provided additional details regarding the temporary location of the SOS LTSR at Mayview State Hospital. The program will be located in unit 1 West. Renovations are underway to transform the unit into more of a home-like setting, including new furniture, curtains, painting, and construction of common activity areas, as well as new locked doors that will separate the program from other parts of the building. Residents have been informed of the location of the program and have expressed excitement given the renovations and transformed setting, including their ability to select their own bedding and décor. Eleven residents have been identified for the LTSR. Dave Jones reported that the Department of General Services has been notified of the temporary use of Mayview State Hospital for the SOS LTSR program. This may have possible implications on the selling of the property and the Land Reuse effort.
- Mary Fleming reported that Mercy Behavioral Health (MBH) has been selected as the SOS transitional provider for the SOS residential programs. MBH will work closely with the SOS residential programs to provide policy and procedure documentation, additional staffing given potential attrition of SOS staff, as well as assistance in the day to day operations of the residential programs.

- An update was provided on the Rolling Hills location for the SOS LTSR. Resistance continues from the community. The Rolling Hills property will continue to be pursued, but contingencies are being considered for both the SOS LTSR and the Allegheny community-based Extended Acute Care program.
- Mary Fleming reported that SOS staff successfully completed their initial two week orientation / training. Individual program orientation site visits to other community programs are scheduled within the next few weeks.
- Mary Jeanne Serafin reported that the SOS staff for the two Specialized Support Homes toured the homes. The home in Bethel Park will be occupied first, given that it better accommodates handicapped individuals. The Steering Committee discussed the importance of the SOS staff to have a community orientation / mindset that views these residences as the individuals' homes as opposed to an employee worksite. Sue Estroff added that it will be important for staff to identify how they can best apply their expertise in these new settings. Seeing the homes ahead of time will help start this process.

5. Land Reuse Task Force

- The next meeting of the Land Reuse Task Force will be on December 8, 2008 (as of the writing of these minutes, the December meeting had been cancelled and rescheduled to January 14, 2009). The meeting agenda focuses on developing a proposal for what to do with the land. With this focus, it is still important to have representation of the mental health community at these meetings. Outstanding issues include who will actually do the appraisal of the land, at what point will the appraisal be conducted, and the type of zoning at which the land will be appraised. The Committee discussed the possibility of an independent appraisal, although this is complicated. The Committee discussed possible uses of the land and the staff/family member's desire to preserve the 30-40 trees with placards that memorialize past deaths of both patients and employees at the hospital and possible solutions to this issue. Mary Fleming agreed to represent the requests of the Steering Committee given her role on the Land Reuse Task Force.

6. Pitt Evaluation Study

- Katie Greeno and Sue Estroff provided an update on the Pitt Evaluation Study. Dave Jones requested an executive summary to share with the legislators at the January Legislative update. Katie will work with AHCI to provide this update.

7. Quality Improvement and Outcomes (QIO) Committee Update

- Mary Fleming provided an update on the November 19, 2008 QIO Committee meeting. The QIO Committee reviewed the action plans that were developed by the counties that address the QIO Committee's three focus areas. The QIO Committee also reviewed a summary of the new and expanded services that have been developed resulting from the MRSAP initiative. AHCI will distribute this report to the Steering Committee. The QIO Committee also clarified their focus as being specific to the quality issues related to the individuals having been discharged as a result of the CSP effort, and not the overall mental health service system.

- Family satisfaction surveys were also discussed – family involvement will continue to be addressed at the next QIO meeting in January 2009.
- Consumer employment and participation in other meaningful activities such as volunteering continues to be an area of interest for the QIO Committee. Some considerations include entry-level vs. non entry-level employment; and a focus on what kinds of work individuals want to do, as opposed to just where an individual may want to work. Mary Fleming shared with the Steering Committee AHCI's internship program that helps to provide training and work experience for individuals on a six-month internship basis. Pat Valentine reported that Allegheny is a pilot county for the state's supported employment program. The Committee discussed how consumer employment faces many systemic issues and challenges, including discrepancies in pay. Chris Michaels and Shirlee Hopper-Scherch both commented on individuals getting required background checks or clearances that may uncover incidents that have happened many years ago for consumers. Allegheny County's Justice Related Services is currently researching the practice in other states regarding criminal history and background checks of individuals with mental illness. One practice is to grant a certification to individuals that have an incident free history after an incident had occurred in the past. The Committee agreed that background checks do not necessarily preclude employment. Valerie Vacari agreed to distribute a policy from the State related to hiring practices for those with a criminal history.

8. MRSAP Residential Program Development Tracking Sheet

- The Steering Committee reviewed an updated tracking sheet of the MRSAP residential program development. The Committee requested that the tracking be updated to distinguish between additional / newly developed programs vs. enhancements to existing programs. The Committee also requested that the tracking be expanded to include all residential service development from Phase 1 of the MRSAP initiative.

9. Inpatient Provider Meetings

- The Committee agreed to schedule the next inpatient provider meeting for Wednesday, February 11, 2009, 3 pm to 5 pm at a location to be determined in Cranberry, PA. AHCI will work with Jean Chelkowski from OMHSAS to coordinate the logistics of the meeting. Possible agenda items were also discussed, including an update on the Mayview closure, service development, TRU statistics, crisis services, Pitt Evaluation, State-wide RCA effort, the Acute CSP initiative, and a question and answer session. Valerie Vicari agreed to check with the Department of Health involved in licensing to see if they have any agenda items. All hospitals in the surrounding area will be invited.

10. Issue Resolution Process

- The Steering Committee reviewed a proposed draft of an issue tracking process that would serve as one centralized tracking tool for issues, questions, and complaints regarding the closure of the hospital. After review and discussion, the Committee decided that a separate tracking process is not necessary. The Committee re-emphasized the importance of individuals to communicate and follow-up on issues as they are identified.

11. New Business

- For the December Steering Committee agenda, the Committee requested a discussion of using the CSP document as an ongoing plan that transcends environments and service providers. The following are considerations and questions:
 - Review timeframes, including the proposed 30 day, six month, and annual reviews
 - Determination of categories to include on a scaled-down version of the CSP document
 - Consideration of enabling the completion of the tracking on-line
 - Who will be the keeper/owner of the CSP document across services and providers
 - Who has responsibility for the ongoing updates to the CSP document
 - Does the CSP document ultimately evolve into a recovery management plan?