

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

**Members Present:** Aidan Altenor, Kelly Burda, Tim Casey, Mary Jo Dickson, Mary Fleming, Carol Horowitz, Nancy Jaquette, David Jones, Matt Koren, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Chris Michaels, Gerard Mike, Rick Rach, Carol Rico, Mary Jeanne Serafin, Wes Sowers, Janice Taper, Patricia Valentine, Valerie Vacari, Dean Virgili, Deb Wasilchak, Kim Welsh, Linda Zelch

**Members Absent:** Karen Bennett, Stephen Christian-Michaels, Laverne Cichon, Melissa Feragotti, Roger Haskett, Emily Heberlein, Darryl Holts, John Klenotic, Dave McAdoo, Karyl Merchant, David Miele, Mary Jo Patrick-Hatfield, Shirlee Hopper Scherch, Pat Tickle, Ken Thompson, Laura Steiner

**Others Present:** Roberta Altenor, Courtney Colona, Joan Erney, Katie Greeno, Joe Venasco

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

- The minutes from the November 24, 2008 Steering Committee meeting were reviewed. The following corrections were identified - Laura Steiner was not in attendance at the meeting. The minutes will be updated and posted to the Mayview website.

**2. Report from Mayview State Hospital**

- Kelly Burda reported on the census at Mayview (20):
  - Allegheny – 17
  - Beaver – 3
  - Greene – 0
  - Lawrence – 0
  - Washington – 0
- Of the 20 remaining individuals to be discharged, 12 are planned to go to the SOS LTSR, two are planned to be transferred to Torrance State Hospital, and the remaining six are planned to be discharged by December 29<sup>th</sup> or earlier. At this time, the hospital is expected to close by December 29, 2008.
- Mary Jeanne Serafin reported that Kelly Burda will be joining Torrance State Hospital at the end of December and thanked her for her great work and support while at Mayview. She was integral to the CSP discharge process and the MRSAP closure initiative.
- Dave Jones reported that at this time less than 40 staff still need to be placed.

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

- Since the November Steering Committee meeting there have been nine sentinel events; one in Beaver County, one at Mayview State Hospital, and seven in Allegheny County. None of these incidents involved CSP individuals except the one that occurred at the hospital. There were three additional “near misses” that occurred but were not considered sentinel events given serious negative outcomes were averted. It was again noted that only one sentinel event has involved an individual discharged in the closure CSP process. Root Cause Analyses (RCAs) have not yet been conducted on all of these events given some have just recently occurred.
- Joan Erney commented that the MRSAP model for reviewing critical incidents and conducting RCAs should be used state-wide given the need to track individuals discharged from hospitals as well as those who receive an intense level of case management - especially for individuals who may disengage from services. Dave Jones commented that there is the added challenge of tracking individuals who have private payers or who may be involved in other service systems.
- Carol Horowitz requested that the recommendations resulting from the RCAs of the sentinel events be widely shared and distributed – including provider-specific recommendations and system-wide recommendations.
- Dave Jones reported that after the hospital closes he will work with and ultimately transition the incident tracking function to the SOS Quality Management and Clinical Consultation (QMCC) team.
- Deb Wasilchak from Community Care Behavioral Health mentioned that the Community Care Quality Department facilitates and tracks the outcomes of critical incidents and RCAs for Allegheny County for both HealthChoices and non HealthChoices individuals. A policy has been drafted that defines the roles of providers, the county, and the facilitator when conducting RCA reviews. Trainings have occurred for providers and internal Community Care staff.
- Joan Erney requested that this information be shared at the State’s Advisory Committee meeting in May 2009 – members of the MRSAP Steering Committee can also participate. The region, including providers, should be commended for their work in this area.

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

- Mary Jeanne Serafin reported that the SOS LTSR, which will temporarily be placed at the Mayview State Hospital, is scheduled to have its licensing visit from the State today and renovations are nearly completed. The facility will be called Monarch Springs. Mercy Behavioral Health (MBH) will hold the license. The SOS Specialized Support Home in Bethel Park is now fully occupied. The home in Carnegie is ready for occupancy and has received one referral from Allegheny County. SOS Staff are ready to go and program protocols have been finalized – including residential and non residential SOS programs. Beginning in January 2009, a monthly SOS management meeting will convene. Initially this meeting will be attended by state and county staff. The MBH Program Director is ultimately expected to attend as staff positions transfer over to MBH.

- Mary Jeanne reported that another public hearing was held last night regarding the use of Rolling Hills as the location for the SOS LTSR (and MBH Extended Acute Care facility). The meeting was continued into January, at which time another public hearing will be held. Baldwin Township then has 45 days to make a decision on the zoning. The SOS Committee is not optimistic on getting a positive decision on the Rolling Hills zoning. Other options are being considered that involve splitting locations of the two programs as well as options with the continued co-location of the two programs. Zoning issues are expected to be similar regardless if the programs are located together or separately. Joan Erney commented that the state would like to see Rolling Hills through and that the community may ultimately accept the programs at that location. However, it may take a long time and that this needs to be balanced with the need to permanently place the SOS LTSR.
- Rick Rach commented that Mary Jeanne Serafin testified for over two hours at last night's Rolling Hills zoning meeting and did a commendable job. A reporter for the Pittsburgh Post-gazette was also present.
- Joan Erney thanked the MRSAP Steering Committee for all of its hard work and commented that it is a good model to follow for system transformation, and not just the closure of a hospital. Ms. Erney proceeded to provide an update on the SOS budget:
  - The MRSAP counties will not be affected by two recent state budget cuts to the mental health system.
  - This will be a challenging fiscal year – Ms. Erney advised the MRSAP counties to not re-trench, but to use this as an opportunity to support system change and review their operations and expenses, and support programs that are evidence based, such as peer programs and crisis services given potential increase in demand.
  - Secretary Richman is committed to supporting the MRSAP initiative. The total MRSAP budget is \$22,875,000, which includes 225 discharges annualized for 2009/2010 fiscal year.
  - \$8.1 million is available for the SOS programs.
    - \$2.4 million for the non residential administrative programs - QMCC and Community Support Team (CST).
    - \$5.68 million for the residential treatment programs – LTSR and two Specialized Support Homes
  - The HealthChoices rate adjustment that the MRSAP counties received will be maintained.
  - Ms. Erney thanked the counties for using reinvestment funds for service development in support of the MRSAP initiative.
- Pam Loaskie asked about the availability of funds for individuals with traumatic brain injury. Ms. Erney clarified that these funds would come from the Office of Long Term Living and not OMHSAS. Ms. Erney provided some other updates - the ACAP waiver for autism was recently approved, Drug and Alcohol Non Hospital and Psych Rehab have been added as in-plan services for HealthChoices and may be effective around July 1, 2009.

## **5. Diversion Workgroup**

- Brandi Phillips reviewed the activity of the Diversion Workgroup, which was formed to draft a common definition of what constitutes a state hospital diversion for the MRSAP region. This definition will not be diagnosis – based. The Steering Committee discussed the possibility of

## **6. Engagement Workgroup**

- Matt Koren provided an update on the activity of the engagement workgroup, which was formed to review the condition of consumer engagement and disengagement and the related issue of an individual's right to determine their own level of involvement with services, even when they may present a risk to themselves or others. The group discussed the significance of the issue as well as the importance of formalizing and operationalizing techniques for engagement and the identification of disengagement through enhanced training of front-line staff and case managers. Katie Greeno added that work has been done in this area already with the Single Point of Accountability case management initiative in terms of training for case managers designed around adult learning techniques. Also, the creation of case management mentors has been identified to help address situations where new case managers may be under trained and in need of additional support. The group also discussed the need to not over-generalize the lack of training and experience of case managers, or the perceived high-level of turnover.

## **7. Inpatient Reports**

- Tim Casey reviewed the most recent set of reports of inpatient utilization for the MRSAP counties. The reports indicate a general trend down in inpatient admissions for both the region and Allegheny County. The Length of Stay data is also expected to decrease over the next few months as the state hospital closes and non-CSP individuals get increased access to residential services. The Committee discussed rumors regarding inpatient utilization in the region and how individuals are being transferred to out of county hospitals (Allegheny). The data does not appear to support this. Deb Wasilchak reported that CCBH is monitoring out of county inpatient placements to assess the situation. Linda Zelch suggested the possible use of a Geo Access report that graphically illustrates inpatient activity to show that excessive out-of-county placements are not occurring. AHCI will investigate. The waiting list for the TRU unit was also reviewed.

## **8. Pitt Evaluation Study**

- Katie Greeno and Courtney Colona (Project Director) provided an update on the Pitt Evaluation Study. The study continues to progress well. Interviewers continue to develop relationships with participants. The Committee advised Katie and Courtney to work with the Allegheny County Community Integration Team or other county contacts if they ever have difficulty locating a study participant in the community.

## **9. Land Reuse Task Force**

- The next meeting of the Land Reuse Task Force will be on January 14, 2009. The meeting agenda focuses on developing a proposal for the actual use of 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

## **10. Inpatient Provider Meeting**

- The Inpatient provider meeting will be on Wednesday, February 11, 2009 at the Four Points Sheraton North in Cranberry from 3 PM to 5 PM. Linda Zelch distributed a draft of the announcement letter as well as a list of the hospitals that will receive the letter. Brownsville Hospital will be added. The Committee discussed the importance of emphasizing the positives of the closure and the related community service development. The Committee discussed the importance of having sufficient time for question and answers given the hospitals may have many questions, including alternatives to the state hospital level of care for situations where an individual has been on an inpatient unit for an extended period of time. The Committee agreed to hand out a report with types and locations of where individuals were discharged as opposed to presenting the material given anticipated time constraints. The following items were discussed for the agenda:
  - An overview of the hospital closure and the MRSAP implementation, including where individuals are living, service development, inpatient admissions and length of stay data, the incident tracking and RCA process which will be expanded state-wide
  - Overview of the TRU unit (Extended Acute Care) and the Acute CSP process
  - The Pitt evaluation study of the Mayview closure
  - Feedback and questions and answers from the inpatient providers, emergency rooms, and local psychiatrists

## **11. February Stakeholder Meeting**

- The February Stakeholder meeting will be on Friday, February 20, 2009 at the Cranberry Marriott. From 1 PM to 3 PM. Agenda items will include the following:
  - A report on the services delivered vs. the services planned for discharged CSP individuals
  - A Review of lessons learned from the closure of Mayview State Hospital
  - Summary of major tasks over the next six months

The Steering Committee will discuss the MRSAP lessons learned and the upcoming major tasks at the next Steering Committee meeting on January 16, 2009.

## **12. New Business**

- Mary Fleming distributed recent newspaper articles regarding the closure.

There being no further business, the meeting was adjourned. The next meeting is scheduled for Friday, January 16, 2009 at the **Airport Marriott**.