

**Mayview Steering Committee
Meeting Summary
December 18, 2009**

Members Present: Aiden Altenor, Karen Bennett, Kelly Burda, Tim Casey, Mary Jo Dickson, Mary Fleming, Lea Ann Gerkin, Carol Horowitz, Nancy Jaquette, David Jones, Matt Koren, Carol Loy, Edna McCutcheon, Chris Michaels, Gerard Mike, Brandi Mauck Phillips, Rick Rach, Shirlee Hopper-Scherch, Wes Sowers, Jan Taper, Kathi Thomas, Joe Venasco, Valerie Vicari, Dean Virgili, Deb Wasilchak, Kimberly Welsh, Linda Zelch

Members Absent: Sue Carney, Jenna Cawthorne, Laverne Cichon, Melissa Feragotti, Roger Haskett, Mary Jo Patrick-Hatfield, Darryl Holts, John Klenotic, Pam Loaskie, Dave McAdoo, Karyl Merchant, Stephen Christian-Michaels, Sharon Miller, Carol Rico, Laura Steiner, Ken Thompson, Pat Tickle, Patricia Valentine

Others Present: Joan Erney, PA Office of Mental Health and Substance Abuse Services, Courtney Colonna, University of Pittsburgh

1. Welcome

Mary Fleming welcomed Joan Erney and Aiden Altenor to the meeting. She also mentioned that she is interested in obtaining photographs of Mayview State Hospital and if anyone had them available, please send them to her.

2. Review of Minutes from November Meeting

No changes were identified to the minutes for the November Steering Committee meeting. They will be posted to the Mayview website.

3. Update on State Budget/Services

Joan Erney gave an update on the budget and said that we should have ample funds going forward with a solid commitment from the state; however, there was a \$7.5 million cut in OMHSAS funding and layoffs may be expected for some state employees. Plans for the upcoming year include:

- Emphasis on crisis services
- Emphasis on psychiatric advance directives
- Development of a plan to move all state hospital residents into the community, with timeframes for completion
- Circulation of a study on in-patient capacity conducted by the University of Pennsylvania

She added that it was important for the Committee to share our reflections on the closure and consider the impact and ramifications for the state.

4. State Operated Services Update

Kathi Thomas reported on the status of SOS Services for the period of November 14 through December 11, 2009:

Monarch Springs LTSR:

- Census is 15 with no vacancies. All residents receive services from CTT and CST. Programming and work programs continue.

Specialized Small Homes:

- Bethel Park: Remains at full capacity with census of three with no admissions or discharges. The residents continue to express satisfaction with the home.
- Carnegie: Remains at full capacity with census of three with no admissions or discharges. All residents continue to positively transition to the home.

Community Support Team (CST):

The CST accomplished 279 encounters for 80 individuals in Allegheny, Beaver, and Washington Counties in November 2009. This month's CST Summary Report is adjunct to AHCI's quantitative data and contributes qualitative information related to CST's mission.

- CST has received 13 new requests this month for 31 resource types to serve 13 consumers. Requests for resources included chaplain, purposeful recreation, community familiarity/integration, lifestyle improvement, and vocational support.
- Quality Management and Clinical Consultation Team (QMCC):
During the month of November, 195 individuals were seen by the QMCC team.
 - Allegheny County 149
 - Beaver County 22
 - Washington County 17
 - Lawrence County 6
 - Westmoreland County 1

189 individuals were identified as routine visits and all appear to be stable. 90% of the consumers seen in November were found to be taking their medications as prescribed. Twenty consumers reported that they are working part time and 5% are involved in some type of vocational training. 49% attend groups of some kind, 13% reported having completed Psychiatric Advance Directives, 49% reported no visits from family, and 83% reported no visits from friends. In the area of hobbies, a slight decrease is noted: 67% to 65%.

All Mayview consumers in Beaver County have been seen by QMCC. Three consumers in Washington County have not been seen by QMCC. One scheduled in November cancelled due to consumer being hospitalized, one has refused and one is in Torrance State Hospital. One consumer remains to be seen in Lawrence County. Five consumers remain to be seen in Allegheny County. (This does not include 16 consumers at Torrance State Hospital.) One consumer requests phone contact only; one scheduled in November had to be rescheduled; two have refused a visit by QMCC and one is in criminal detention.

Discussion followed regarding the amount of community contact that the residents of the LTSR have. Kathi replied that they have CTT groups that meet twice a week, go shopping, and attend parties and other social events with staff. Transition and discharge planning was also discussed – it was suggested that discharge timeframes for LTSR residents be reviewed at an upcoming Steering Committee meeting.

5. RCA/Sentinel Event Update

Tim Casey reported that there were three significant incidents in Washington County and one in Beaver County since the November meeting.

Mary Jo Dickson reported that there were 48 significant incidents in Allegheny County, three of which prompted requests for RCAs. The first RCA on-site review meeting was held at Western Psychiatric Institute and Clinic, as well as two systems review meetings. In addition, the County is working with the Bazelon Center and the Staunton Farms Foundation on a national project regarding systems issues on the RCA process.

Discussion ensued regarding how to operationalize the recommendations that stem from the monitoring of RCAs.

6. EAC/RTFA Reporting

EAC

Tim Casey reported that there were 93 individuals discharged from EAC since June 16, 2008, with an average length of stay of 159.27 days. He added that we are beginning to see stabilization in the numbers with some equilibrium developing. The average length of stay for those in-house is 115.28 days with 139 people admitted.

Discussion followed regarding the characteristics of people admitted and the establishment of the EAC Barriers Project, which is a subcommittee that was formed to investigate the causes for the long length of stays in EAC.

RTFA

Since September 4, 2008, 131 individuals have been discharged from RTFAs with an average length of stay of 59 days (down 3.82% from last month). The average length of stay for those in-house is 23.27 days. There have been 153 consumers admitted with an average length of stay on the waiting list of 20.71 days.

Discussion followed regarding utilization of RTFAs in all counties.

7. Inpatient Utilization Report

Tim Casey reported on inpatient utilization from July 2006 through October 2009. The report on regional inpatient admissions indicates a slight downward trend over the past few years and that the closure of Mayview did not result in an increase in inpatient utilization. Tim noted an increase in the average length of stay by 1 day during the same time period. Re-admissions are also trending down.

Linda Zelch added that the Inpatient (IP) Provider Subcommittee is working with a subgroup of four hospitals (WPAHS(AGH/Forbes Regional), Jamison, Jefferson, and WPIC) to develop and pilot an IP data exchange. Their recommendations from the pilot are expected after the 1st quarter of 2010 and will include a refined list of data elements for the data exchange. The group will then meet with all the inpatient units in the first few months of 2010 to present the initiative.

8. Pitt Evaluation Study

Courtney Colonna, from the University of Pittsburgh School of Social Work, presented the findings to date from the Mayview Discharge Study, which is at its mid-way point and should be

completed in one year. She acknowledged the work of Katie Greeno and Sue Estroff, as well as assistance from AHCI and OMHSAS.

Key points included details on participants, design of the study, quantitative and qualitative findings, opinions on the discharge process, contact with service providers, social networks, and quality of life ratings before and after discharge. The results have been encouraging, with the majority of former residents indicating that they are doing well, were satisfied with the discharge process, and are happy to be in the community.

9. QIO Report and Update from 12/9/09 QIO Meeting

Matt Koren reported that the Quality Improvement and Outcomes (QIO) Committee, which is comprised of consumers, family members, advocates, and representatives from the Mayview Counties, met on December 9. The QIO report, which was based on information gathered from updated CSPs, was structured around the following four questions:

1. Are the recommended services and supports that were identified at discharge different from the services and supports that are currently recommended?
2. What services are people actually accessing?
3. What types of early warning signs and critical incidents are occurring for individuals who have been discharged from Mayview?
4. Are people maintaining their housing? Are there changes to the level of restrictiveness in where people have lived since their discharge from the hospital?

A comparison of baseline and updated CSPs indicate that recommended services and supports generally remain consistent from when individuals were discharged. Changes in services and frequency of contact with CTT or case management represent current levels of supports that people actually want and need in the community now as opposed to when they were discharged. In terms of physical healthcare, 97% of the individuals went to the doctor within the last 13 months. There was discussion on how this percentage compared to a benchmark of the rest of the behavioral health system. Statistics on housing indicate that 25% of the individuals changed their status: 29 people moved to a less restrictive setting; 20 people moved to a more restrictive setting, and 13 people moved to different housing at the same level of restrictiveness.

The QIO Committee asked that the Steering Committee look into how crisis plans are used, maintained, and distributed to service providers for those who were discharged from Mayview. Other areas of interest continue to be the use of natural supports, coordination and integration with physical healthcare, and employment/education.

There was discussion on the relationship between peer involvement and quality of life, incidents, and other service/crisis utilization.

Also discussed was AHCI's role in the closure and the fact that this level of analysis has not been done in other hospital closures. Mary attributed the success to having a regional presence, tools (web-based CSPs, etc.) and each county's utilization of the tools, ample time to manage the process, and a commitment from everyone involved. She said there were three key decision points in the closure:

1. The decision to do the initial discharges in groups of 30 people (by unit)
2. The county's willingness to spend money up front

3. Getting peers involved

10. New Business

Land Reuse Committee

There was discussion regarding the status of the Land Reuse Task Force, and Mary stated that the RFP for the sale of the land has been released. Issues include the minimum bid, which is set at \$125,000, activity from the advocacy community, and the inability to obtain a copy of the appraisal. She asked Committee members to circulate a copy of the appraisal or RFP if they came across either one. Senator Frankel is planning to move the land use legislation out of the committee.

Mary announced that AHCI would send out an e-mail soliciting topics for the February meeting.

There being no further business, the meeting was adjourned. The next meeting will be held on Friday, February 19 from 9:00 a.m. – 12:00 p.m. at the **Airport Marriott**.