

**Mayview Steering Committee
Meeting Summary
February 19, 2010**

Members Present: Jonathan Bear, Karen Bennett, Kelly Burda, Sue Carney, Tim Casey, Jenna Cawthorne, Mary Jo Dickson, Mary Fleming, Lea Ann Gerkin, Darryl Holts, Carol Horowitz, John Klenotic, Matt Koren, Carol Loy, Edna McCutcheon, Karyl Merchant, Chris Michaels, Gerard Mike, Brandi Mauck Phillips, Rick Rach, Carol Rico, Shirlee Hopper-Scherch, Jan Taper, Kathi Thomas, Patricia Valentine, Dean Virgili, Deb Wasilchak, Kimberly Welsh, Linda Zelch

Members Absent: Aiden Altenor, Laverne Cichon, Nancy Jaquette, Ray Jaquette, David Jones, Pam Loaskie, Christine Martone, Dave McAdoo, Sharon Miller, Mary Jo Patrick-Hatfield, Wes Sowers, Laura Steiner, Ken Thompson, Pat Tickle, Joe Venasco

Others Present: Katie Greeno, University of Pittsburgh School of Social Work

1. Welcome

Mary Fleming thanked everyone for their involvement and participation in the December Stakeholder's Meeting, and Shirlee Hopper-Scherch in particular for her coordination of the consumer panel, which was one of the highlights of the meeting.

2. Review of Minutes from December Meeting

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

3. State Updates

Kathi Thomas reported the following status of SOS Services for the period of December 12 through February 12, 2010.

Monarch Springs LTSR:

- Census is 14 with one vacancy. 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):

- Effective this month, the State Operated Services Community Support Team reports will reflect the past two preceding months' service events. Comparisons to the preceding report period will be for the same timeframe. (December 2009 and January 2010 will be compared to October and November 2009.)

- The CST accomplished 626 encounters for an average of 86 consumers in Allegheny, Beaver, and Washington Counties in December 2009 and January 2010.
- The total consumers seen and number of service events (average of 313 for 86 consumers monthly in December and January) were slightly increased over the previous two-month period, however, an overall decrease occurred in Beaver County where primary CST request is for Spiritual Support.

Quality Management and Clinical Consultation Team (QMCC):

- During the month of December, 180 individuals were seen by the QMCC team.

▪ Allegheny County	174
▪ Beaver County	5
▪ Washington County	1
▪ Lawrence County	0
▪ Westmoreland County	0
- 176 individuals were identified as routine visits. 91% of the consumers seen in December were found to be taking their medications as prescribed. 12% reported that they are working part time and 3% are involved in some type of vocational training. 55% attend groups of some kind, 10% reported having completed Psychiatric Advance Directives, 48% reported no visits from family, and 82% reported no visits from friends. In the area of hobbies, a slight decrease is noted: 65% to 61%.
- One consumer remains to be seen by QMCC in Washington County; one consumer remains to be seen in Lawrence County; five consumers remain to be seen in Allegheny County and all Mayview consumers in Beaver County have been seen by QMCC.
- During the month of January 2010, 185 individuals were seen by the QMCC Team:

▪ Allegheny County	178
▪ Beaver County	7
▪ Washington County	0
▪ Lawrence County	0
▪ Westmoreland County	0
- 185 individuals were identified as routine visits. 91% of the consumers seen in January were found to be taking their medications as prescribed. 12% reported that they are working part time and 3% are involved in some type of vocational training. 53% attend groups of some kind, 9% reported having completed Psychiatric Advance Directives, 54% reported no visits from family, and 79% reported no visits from friends. In the areas of hobbies, a significant decrease is noted: 65% to 37%.

Discussion followed regarding union employees, specifically the contractual placement agreement now in place, which guarantees preference for jobs as they become available. This process is expected to be in place in June 2010.

4. EAC/RTFA Reporting

EAC

Tim Casey reported that there were 111 individuals discharged from EAC since June 16, 2008, with an average length of stay of 159.05 days. There were 157 total admissions with an average length of stay on the waiting list of 67.25 days. The average in-patient length of stay before EAC admission is 105.28 days.

Discussion followed regarding individuals diverted from admission and speculation on whether more EAC beds were needed, as well how to use data to implement system improvements. Matt Koren reported on the survey AHCI is conducting to determine barriers to discharge from EAC, which will be reviewed at the April meeting.

In-Patient Data Utilization Project

Mary reported that AHCI is in the process of collecting daily in-patient census data from all the providers in the region, beginning with a pilot group of four providers. A meeting has been scheduled in March with executives from all providers to encourage their participation.

RTFA

Since September 4, 2008, 151 individuals have been discharged from RTFAs with an average length of stay of 56.59 days (down 4.08% from last month). The average length of stay for those in-house is 59.1 days. There have been 171 consumers admitted with an average length of stay on the waiting list of 20.57 days.

5. CSP Updates—Ongoing

Matt Koren reported on the CSP updates that are occurring as a follow up to the work that the counties completed last year which contributed to the year-end QIO Report. One of the goals was to streamline the CSP Update process and web-enable the CSP Update document. He also discussed the challenges of mapping the information on the CSP Update document to a reportable, online format.

Discussion followed regarding archiving the documents and possibly doing a chart review for each individual based on previous CSPs.

6. System Issues Discussion

Tim Casey reviewed the template developed by AHCI with input from committee members and solicited feedback regarding the usefulness of the document, which was designed to assist in prioritizing and identifying specific issues for discussion. He explained that the challenge was deciding on the level of detail to include for these meetings. Discussion followed regarding the level of detail needed on this report and how to decide on specific topics to focus on at each meeting. Suggestions included assigning a lead for each topic and doing a cost benefit analysis that covered financial, personnel and administrative implications.

7. Topics for Upcoming Meetings

One topic suggested for in-depth discussion was community education and involvement, and the importance of training law enforcement officials to deal appropriately with consumers. Recommended trainings included CIT and Mental Health First Aid. Other issues of concern included the homeless population, jail, SPA and waiting lists. It was suggested that as various

system fragmentation issues are identified that we invite representatives from other systems and groups to attend future Steering Committee meetings to contribute to the discussion.

Mary suggested identifying two topics for in-depth discussion. Recommendations included medication management; diagnosis, labels and stigma; and cultural competency. It was decided that cultural competency and stigma should be considered along with each topic, and that the issue to be discussed at the April meeting would be medication management. In preparation for this, several committee members agreed to convene in the upcoming weeks to structure the agenda.

There being no further business, the meeting was adjourned. The next meeting will be held on Friday, April 16 from 9:00 a.m. – 12:00 p.m. at the **Airport Marriott**.